

THE CENTER FOR DRUG-FREE LIVING, INC.

Aftercare Plan

Client Name:

Client Number:

Placement Date:

Motivational Level: Maintenance

Goals for this Course:

- To improve quality of life by maintaining an ongoing abstinence from mood altering chemicals
- To maintain sober support systems
- To identify risks and solve problems
- To develop plans and to acquire necessary skills to maintain long term sobriety
- To develop an understanding of personal pattern of relapse in order to help sustain recovery
- To maintain my recovery and assume more responsibility for my continued care

COURSE OF CARE PLAN

SERVICE	FREQUENCY	DURATION
Individual Counseling	1 time a week	For 4 weeks
Group Counseling	1 time a week	For 4 weeks
Urinalysis	4 times a month	For 4 weeks

I agree to pursue the goals of my treatment and to cooperate with staff in implementing the Aftercare Plan. I understand that I will participate in the development of my Aftercare Plan which will identify my strengths, needs, abilities, and preferences as well as be more specific in establishing my goals, objectives, and desired outcomes for my successful recovery. I understand that my successful discharge from this program is based on my progress and counselor recommendations, not on a set length of time.

Client Signature: _____ Date: _____

Clinical Staff Signature: _____ Date: _____