

DISCHARGE / AFTERCARE PLAN

After leaving treatment, I plan on doing the following things to help me continue to grow and maintain the gains made here:

1. Family therapy will be continued by _____
_____ Appointment Date: _____

2. I plan to attend the self-help group _____. This group meets on _____ day of each week at _____ (time & place).

3. The following are my discharge goals:

FAMILY _____

EDUCATION _____

FRIENDS _____

I am going back to school at _____

The following is my commitment about the use of drugs and alcohol: _____

4. These are some people and phone numbers I can call if things get to be too much for me, or if I just need someone to talk to:

Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____
Name: _____	Phone #: _____

Reviewed by _____ Date _____
Case Manager or Group Therapist