Client Discharge Plan

Client Name: ___________________________________  Planned Discharge Date: _________________

Please answer the following questions regarding your ongoing recovery plans after you are discharged. Describe your plan including who, what, where, and when. Be as precise as you can in the spaces provided.

**Recovery and Support Plan**

Describe your discharge plan:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe your support system: (People I can call who I trust and speak with honestly) _______________________
__________________________________________________________________________
__________________________________________________________________________

Do you have a sponsor?  ☐ Yes  ☐ No    If yes, please explain how you work together and what step you are working. If no, what are your plans about obtaining a sponsor? _________________________________________
__________________________________________________________________________
__________________________________________________________________________

What support meetings will you attend? Include specific meetings (i.e. 12-step, home group, faith based etc.). How often will you attend, and how will you get there?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Relapse Triggers**

a.____________________________________________________________________
b.____________________________________________________________________
c.____________________________________________________________________
d.____________________________________________________________________
e.____________________________________________________________________

**How to Avoid a Relapse with these Identified Triggers?**

a.____________________________________________________________________
b.____________________________________________________________________
c.____________________________________________________________________
d.___________________________________________________________________________________
e.___________________________________________________________________________________

Physical and Mental Health
How will you support your physical health (Specify arrangements made with your doctors and include how you will stay healthy with exercise, diet, etc.)
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Where will you continue aftercare, counseling, mental health services (Include name of program, type of counseling or therapy, counselor or therapist name, days and times you will attend)?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Housing
Where will you be living and who will you live with? Is this a safe, comfortable, clean and sober environment?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Financial/Employment/Education
What will you do for financial support (Employment, job searching, or other methods of supporting yourself)?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

What will you do to continue your education or improve your job skills (vocational training, school, etc.)?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Legal
How will you address any legal issues or concerns (probation, parole, CWS, etc.)?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

☐ Client was given a copy of this Client Discharge Plan

Client’s Name: ________________________________________
Client’s Signature: _____________________________________        Date: ______________________

Counselor’s Name: ____________________________________
Counselor’s Signature: ___________________________________    Date: ______________________

Client was given a copy of this Client Discharge Plan