
CONTINUED CARE PLAN

Client Name: John Doe

Client ID:

Family/Significant Others:

In the following spaces, list those you would like to participate in your Intermediate Level of Care Family & Friends Program:

Name	Relationship	Contact Info (Phone & Email)
1.		
2.		
3.		
4.		
5.		
6.		

Employment:

Describe your current employment situation and your goals for acquiring and/or re-integrating to work during your Intermediate Level of Care:

Education:

Describe any educational or vocational goals you have:

Physical Health

Fitness

How many days of the week will you exercise?

	1		2		3		4		5		6		7
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Describe the various exercise activities you will employ:

Nutrition

Describe any changes to your diet you would like to make during your Intermediate Level of Care:

Spirituality

Please indicate any spiritual or religious affiliations you have and how this may be incorporated into your Intermediate Level of Care (examples: church services, reading materials, routine prayer, meditation groups):

12-Step Fellowship Participation:

Meetings

For each day of the week, identify 2 meetings that you would like to attend while in Intermediate Level of Care (morning, afternoon, and evening meetings should be represented):

Day of the Week	Type of Meeting	Location (Exact Address)	Time
Monday:			
Tuesday:			
Wednesday:			
Thursday:			
Friday:			
Saturday:			
Sunday:			

Social Supports

In the following spaces, identify 5 sober people available to you for recovery support:

Name	Phone & Email	Home Group
1.		
2.		
3.		
4.		
5.		

Professional Involvement:

List any professional services outside of Blank CRM that could aid in your Intermediate Level of Care:

Name	Service	Phone & Email
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1.		
2.		
3.		
4.		
5.		

Other:

Describe any additional activities you would like to explore during your Intermediate Level of Care. Discuss how Blank CRM may provide assistance with this process:

Client Signature:

Staff Signature: