*My After-Care Plan/Family Agreement*

My Most Preferred Living Situation:____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Sobriety/Abstinence: Specific Actions to be taken:_________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Family: Specific Actions to be taken:____________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Social: Specific Actions to be taken:__________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Spiritual: Specific Actions to be taken:________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Vocational (Work): Specific Actions to be taken:________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Emotional: Specific Actions to be taken:________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Legal: Specific Actions to be taken:_____________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Physical: Specific Actions to be taken:___________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Consequences I agree to, if I use any Mind Altering Substance not prescribed, or not taken as prescribed:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Date: ___________________                  _____________________________________________

My Signature

Date: ___________________                  _____________________________________________

My Family /Friend Signature
**My After-Care Plan/Family Agreement**

My Most Preferred Living Situation ("Plan “A” from Re-entry Options) My Parents House, My House, Move in with a sober friend, Rent an apartment, Enter half-way house, Enter ¾ house, Etc.

Sobriety/Abstinence: Specific Actions to be taken: 90/90 (90 12-step meetings in 90 days), 4 AA meetings Per week, Obtain sponsor in 3 days, Report any Cravings Immediately to family & friends, Choose AA home group in 7 days, Take a service position at a meeting, Etc.

Family: Specific Actions to be taken: Family Night one night per week, “Date night” with spouse, Monthly family outing, Make amends, Regular special time with each child individually, Etc.

Social: Specific Actions to be taken: End relationship with using friends, Restore relationship with clean/sober friends, Develop at least 5 healthy (same-sex) friendships, Go to a fun Recreational outing at least once per week with healthy friends, Attend AA/NA Social Functions, Etc.

Spiritual: Specific Actions to be taken: Read Bible, or other Spiritual Book, 10 Minutes/day, meditate 5 minutes/day, attend worship service every week, join men’s/women’s bible study, Etc.

Vocational (Work): Specific Actions to be taken: Take old job (if safe), Find low-stress job, Update resume, submit 10 applications/week, (If retired/disabled, volunteer 6 hrs per week), Etc.

Emotional: Specific Actions to be taken: Individual counseling every wk, Marriage counseling every 2 wks, Practice rigorous honesty always, Complete Step 4 & 5 with sponsor within 60 days, Etc.

Legal: Specific Actions to be taken: Contact attorney within 5 days, Attend court on the 17th, complete community service in 6 months, pay-off fines within the year, Complete probation, Etc.

Physical: Specific Actions to be taken: Stop eating junk food, Start eating breakfast, Get 6 to 8 hrs. sleep each night, exercise 3 times per week, take medication as prescribed, see dentist, Etc.

Consequences I agree to, if I use any Mind Altering Substance not prescribed, or not taken as prescribed:

(NOTE: Selected by client -others can make suggestions): Move out Immediately, Enter half-way house for at least 90 days, Immediately Enter Salvation Army (free) 6 month Re-hab Program, Return to in-patient program, Go to homeless shelter, Enter intensive out-patient program, Etc.

Date: ___________________                  _____________________________________________  
My Signature

Date: ___________________                  _____________________________________________  
My Family/Friend Signature