Discharge Form: **Complete the below information prior to your discharge. A copy of this completed form will be reviewed by you, your case manager and Peer assistance rep during your discharge call.**

A. **What is your recognized recovery date?_____**

B. **How can your peer rep support you in your recovery as you transition out of residential treatment?**

C. **Identify Relapse Danger 1 _____**

Identify Steps you can take to handle this situation without using alcohol or drugs

D. **Identify Relapse Danger 2 _____**

Identify steps you can take to handle this situation without using alcohol or drugs

E. **Identify Relapse Danger 3 _____**

Identify steps you can take to handle this situation without using alcohol or drugs

F. **If you relapse, what action plan will you quickly take?**

G. **Please update your peer rep on your recovery actions and status using the following schedule (Even leave a voice mail!).** __ The day of discharge __Every Week up to 6 months __Every other week from 6-12 months

H. **Don't forget to authorize communication (sign a release) between your peer and your continuing care provider**