INDIVIDUAL RECOVERY PLAN

State Form 54855 (11-11)

IN access to RECOVERY
CLIENT CENTERED AND RECOVERY FOCUSED

ATR Client Name _____ Date *(month, day, year)* _____ Recovery Consultant _____

There are several paths to recovery and you have to find your own. This will likely involve several steps and involve several parts of your life. Please take a moment to answer the following questions:

If there were nothing standing in your way, what would your ideal life look like?_____

_____

_____

What would you need to attain to achieve this ideal life?_____

_____

_____

What would need to change to achieve this ideal life?_____

_____

_____

Now that you have identified what your ideal life looks like and have an idea of some goals that could help you get there, it is time to begin the planning process. Goals have three types: Urgent, Moderate, and Long-Term.

- **URGENT GOALS:** The basic things that are needed to survive. Examples: housing, transportation, food, safety, etc.
- **MODERATE GOALS:** The middle steps that are necessary to work toward your ideal life. Examples: GED, employment, minor health problems, etc.
- **LONG-TERM GOALS:** The final steps needed have the ideal life you imagine for yourself. Examples: advanced education, improved relationships, long-term sobriety, etc.

When you are setting goals for yourself, make sure they are **SMART** goals:

Specific	Make the goal specific. It is overwhelming at times to have a general change you want to make. If the goal has a specific end, then you know when you get there.
Measurable	A goal needs to have clear markers of achievement that let you know you are on track. Without these markers, you don't know when you get there. For this reason, each goal set needs to have a clear end point.
Attainable	When you identify goals important to you, you begin to develop the attitude, skills, ability to reach these.
Realistic	It is important to develop a goal that you are both WILLING and ABLE to work toward. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be.
Timely	A goal should be grounded within a time frame. With no time frame tied to it there is no sense of urgency.

URGENT GOALS *[to be addressed in the next thirty (30) days]*

Need:_____

Goal:_____

What in my life can help me achieve this?_____

_____

_____

Steps to making this change:

1. _____

2. _____

3. _____

Services I have chosen:_____

When will I have this completed?_____

PROGRESS NOTES

Date of Review *(month, day, year)*	Progress on Goal	Client Initials	RC Initials

Need:_____

Goal:_____

What in my life can help me achieve this?_____

_____

_____

Steps to making this change:

1. _____

2. _____

3. _____

Services I have chosen:_____

When will I have this completed?_____

PROGRESS NOTES

Date of Review *(month, day, year)*	Progress on Goal	Client Initials	RC Initials

MODERATE GOALS *[to be addressed in the next sixty (60) to ninety (90) days]*

Need:_____

Goal:_____

What in my life can help me achieve this?_____

_____

_____

Steps to making this change:

1. _____

2. _____

3. _____

Services I have chosen:_____

When will I have this completed?_____

PROGRESS NOTES

Date of Review *(month, day, year)*	Progress on Goal	Client Initials	RC Initials

Need:_____

Goal:_____

What in my life can help me achieve this?_____

_____

_____

Steps to making this change:

1. _____

2. _____

3. _____

Services I have chosen:_____

When will I have this completed?_____

PROGRESS NOTES

Date of Review *(month, day, year)*	Progress on Goal	Client Initials	RC Initials

LONG-TERM GOALS *[to be addressed in the next ninety (90) days to one (1) year]*

Need:_____

Goal:_____

What in my life can help me achieve this?_____

_____

_____

Steps to making this change:

1. _____

2. _____

3. _____

Services I have chosen:_____

When will I have this completed?_____

PROGRESS NOTES

Date of Review *(month, day, year)*	Progress on Goal	Client Initials	RC Initials

Need:_____

Goal:_____

What in my life can help me achieve this?_____

_____

_____

Steps to making this change:

1. _____

2. _____

3. _____

Services I have chosen:_____

When will I have this completed?_____

PROGRESS NOTES

Date of Review *(month, day, year)*	Progress on Goal	Client Initials	RC Initials

Units of Service Authorized for ATR Providers:

Agency	Service	Units	Projected Spending

Total Spent thus far:_____

Remaining ATR funds:_____

I, _____ understand that Indiana Access to Recovery is a voluntary program and that the purpose of participating in the program is to assist me in obtaining/maintaining my recovery from substance use/abuse. I understand that there are a number of providers qualified to provide any service that I require during my participation in the ATR program. I also understand that I may choose the providers that provide services to me while I participate in the program.

By signing this document, I affirm that my Recovery Consultant has shown me a list of the service providers that are certified by Indiana Access to Recovery to provide each of the services I have chosen to access. I understand that if I find that any of these providers do not meet my needs, I may select another provider at any time.

I understand that each of the providers that I have selected may not be willing or have the ability to provide services to me, in which case I will need to select a different provider.

I have come to understand that accessing the above services will help me successfully recover from substance use and abuse.

Date *(month, day, year)*:_____

RC Signature:_____ **Client Signature:**_____