Reset Form

INDIVIDUALIZED RECOVERY PLAN

State Form 55943 (R2 / 9-16)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION

Recovery Works
INDIANA'S FORENSIC TREATMENT PROGRAM

Below is the Individualized Recovery Plan for _____.
(Enter the client name.)

Please review and keep for your records.

Please mark where applicable.

SERVICES	RECOVERY WORKS SERVICE PROVIDED *(List frequency)*
Alcohol and Other Drug Screening	
Case Management	
Comprehensive Mental Health and Substance Use Disorder Assessment	
Health Care Coordination Services	
Housing Assistance	
Inpatient Detoxification	
Intensive Outpatient Treatment	
Medication Assisted Treatment (OTP Treatment Bundles)	
Medication for Treatment of Mental Health and/or Substance Use Disorders	
Medication Training and Support	
Mental Health Counseling (☐ Individual ☐ Family ☐ Group) (*Check one.)*	
Peer Recovery Support Services	
Psychiatric Evaluation and/or Medication Review	
Residential – High Intensity	
Residential – Low Intensity	
Skills Training and Development (☐ Individual ☐ Group) (*Check one.)*	
Substance Use Disorder Counseling (☐ Individual ☐ Family ☐ Group) (*Check one.)*	
Supported Employment Services	
Transportation (☐ Public ☐ Agency) (*Check one.)*	
Telepsychiatry	
Other:_____ _____ _____ _____	

_____ _____
Signature of Treatment Provider — Date *(month, day, year)*

_____ _____
Signature of Recovery Works Participant — Date *(month, day, year)*