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| **Person Served Name:** | **Avatar ID Number:** |
| **Admission Date:** Enter Admission Date | **Planned Discharge Date:** Enter Discharge Date |
| **Preferred Language:** Enter Language | **Interpreter Utilized?** Choose answer |

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| **Support Plan** |
| **What issues do you feel are important for you to address after discharge and what is your plan to address them?**  Enter answer |
| **List the people included in your support system:** Enter answer |
| **Where can you go to get support (i.e. self-help, family, faith based)?** Enter answer  **How often will you access your support system?** Enter answer |
| **What skills / tools have you gained that will help you after discharge?** Enter answer |
| **What additional services will you need after discharge?** Enter answer |
| **List of all Referrals for additional services:** Enter answer |
| **Was a Consent to Follow-Up form completed and placed in the person-served file?** Choose answer |

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| **Description of relapse triggers and a plan to avoid relapse when confronted with each trigger**  (Use the + sign to the bottom right of this box for additional sections to document the history of multiple substances) |
| |  |  | | --- | --- | | **Relapse Triggers** | **Plan to Avoid Relapse** | | Enter Relapse Trigger | Enter Plan to Avoid Relapse | |

**Please ensure that all referrals for additional services indicated on this plan are completed and placed in the person served file for each identified need.**

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| **The person served was provided a copy of this plan in their preferred language. Person Served Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Person Served Name Printed:** | **Person Served Signature:** | **Date:** |
| **Counselor/LPHA Name Printed:** | **Counselor/LPHA Signature:** | **Date:** |