

# Clean Acres Recovery Housing

## Resident Attendance and Teaching Record

Name: \_\_\_\_\_ Admission Date: \_\_\_\_\_

County: \_\_\_\_\_ Program: \_\_\_\_\_ Begin: \_\_\_\_\_ End: \_\_\_\_\_ # Days: \_\_\_\_\_

| <b>Date:</b> | <b>Presentation:</b>                          | <b>Staff:</b> |
|--------------|---|---------------|
| _____        | Chem-Go-Round, Disease, Symp & Stages, Family | _____         |
| _____        | Process Addiction                             | _____         |
| _____        | Beliefs, Attitudes, and Behavior              | _____         |
| _____        | 24 Spiritual Principles of Recovery           | _____         |
| _____        | Johari Window                                 | _____         |
| _____        | Difference between AA and NA                  | _____         |

### Counseling

Date: \_\_\_\_\_ Agency: \_\_\_\_\_ Type: \_\_\_\_\_

Release: Yes/No Date: \_\_\_\_\_ Dates of Sessions: \_\_\_\_\_

### Drug Screen

- |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|
| 1. Date/Result: _____ | 4. Date/Result: _____ | 7. Date/Result: _____ |
| 2. Date/Result: _____ | 5. Date/Result: _____ | 8. Date/Result: _____ |
| 3. Date/Result: _____ | 6. Date/Result: _____ | 9. Date/Result: _____ |

### Sponsor Contact Steps

- |                        |                       |                        |
|------------------------|-----------------------|------------------------|
| Step-One Date: _____   | Step-Four Date: _____ | Step-Seven Date: _____ |
| Step-Two Date: _____   | Step-Five Date: _____ | Step-Eight Date: _____ |
| Step-Three Date: _____ | Step-Six Date: _____  | Step-Nine Date: _____  |

### Completion Dates:

10 things to do instead of using: \_\_\_\_\_ Self-Assessment Pre: \_\_\_\_\_ Post: \_\_\_\_\_

15 phone numbers of people in recovery: \_\_\_\_\_ SLAA: \_\_\_\_\_

Job Description (GOD): \_\_\_\_\_ Might be an Addict if: \_\_\_\_\_ Spirituality: \_\_\_\_\_

Meditation Meetings Wednesday: \_\_\_\_\_

GED: Yes/No Start Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_

Resume: Yes/No Date: \_\_\_\_\_

Car: Yes/No License Plate #: \_\_\_\_\_

Driver's License: Yes/No License #: \_\_\_\_\_

Reinstatement: Yes/No If yes, date of reinstatement: \_\_\_\_\_

Proof of Insurance: Yes/No Insurance Carrier contact #: \_\_\_\_\_

# Clean Acres Recovery Housing

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Court Fines: Yes/No                      If yes, what: \_\_\_\_\_  
Parole: Yes/No                              If yes, dates: \_\_\_\_\_  
Probation: Yes/No                         If yes, dates: \_\_\_\_\_  
P.O. Name and #: \_\_\_\_\_

Diagnosis/Ailments: \_\_\_\_\_  
Medications & Dosage: \_\_\_\_\_  
Dr. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Program Date: \_\_\_\_\_ Relationships: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Bank: \_\_\_\_\_ Account Type: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

Sponsorship Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ AA or NA  
Home Group: \_\_\_\_\_ Clean Date: \_\_\_\_\_ Key Tags: \_\_\_\_\_

***Copies of these items in file: Yes/No***