



My
RECOVERY PLANNING
&
RELAPSE PREVENTION
WORKBOOK

NAME: _____

***My Recovery Planning &
Relapse Prevention Workbook***
(To be Shared with a Sponsor, Significant Other or a Counselor)

NAME: _____

DATE STARTED: _____ **DATE COMPLETE** _____

This plan is to assist you in identifying and managing your recovery related issues.

Please complete this as if you might be without any formal support suddenly. If you are a parent who will be responsible for children, include their needs in areas that apply. Example: Housing, budget, etc.

- 1. List the five major problems you face immediately. Describe the steps you would take to resolve these problems today:**

PROBLEMS:

RESOLUTION STEPS:

1.	
2.	
3.	
4.	
5.	

CHALLENGES/PROBLEMS:	RESOLUTIONS:
<u>CLOTHING NEEDS/SELF:</u> <u>CHILDREN:</u>	
<u>TRANSPORTATION:</u> <u>INSURANCE:</u>	
<u>MEDICAL CARE (SELF):</u> <u>CHILDREN:</u>	
<u>RECREATION/SELF ENRICHMENT:</u>	
<u>SOCIAL AND CRISIS SUPPORT:</u>	

CHALLENGES/PROBLEMS:	RESOLUTIONS
<u>PARENTING:</u>	
<u>CHILD CARE:</u>	
<u>TIME MANAGEMENT</u>	
<u>STRESS & ANGER</u>	<u>MANAGEMENT</u>
<u>LEGAL COMPLIANCE</u>	<u>(If Necessary)</u>
<u>MEDICATION MANAGEMENT</u>	<u>(If Needed:</u>

3. Develop a budget based on anticipated employment and income.

MONTHLY INCOME (JOB) EST. AMOUNT \$ _____
 OTHER INCOME: _____ \$ _____

BILLS:

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____
- 9. _____ \$ _____
- 10. _____ \$ _____
- 11. _____ \$ _____
- 12. _____ \$ _____

TOTAL MONTHLY INCOME: \$ _____

TOTAL NEED FOR BILLS: \$ _____

DIFFERENCE: + or - \$ _____

SAVINGS: \$ _____

COMMENTS: _____

4. Develop a specific plan to support your 12-Step work:

HOME GROUP: _____

ADDRESS: _____

SPONSOR'S NAME: _____ **PHONE#** _____

Phone Numbers for Support:

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Name: _____ Phone# _____

Meeting	Location	Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

10.		
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5. If you are a parent and will have the responsibility of a child/children after you leave treatment, identify problems in the following areas and describe plans to resolve these issues:

	Issues/Challenges:	Resolutions:
Daycare/School – Where?		
Transportation – How?		
Medical Appointments/Needs Physician/Clinic Name, Address and Phone Numbers:		
Leisure/Recreation for Child/Children – Describe:		

Special Services (Speech/Physical Therapy (Homework Tutoring) etc.		
Parenting Support		
Childcare Arrangements (for meetings, outings, etc.) - Who?		
Environment – Safety Issues - -What?		

Other:		

Signature: _____ **Date:** _____

Reviewed: _____ **Date:** _____

Comments: _____