

SECTION I

MY RECOVERY PLAN

My Name:

Facility:

Facility Staff Name:

Date:

MHC staff Name:

My Hopes and Dreams: How I hope my life will be in the future

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Areas Important to me. (check all that are included):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Who I AM (identity) | <input type="checkbox"/> School/Education/ Work | <input type="checkbox"/> Money Management/Legal | <input type="checkbox"/> Future Housing |
| <input type="checkbox"/> My Connections | <input type="checkbox"/> Getting around | <input type="checkbox"/> Smoking | |

My Goals	What I will do	What staff will do to support me	How I feel about this:	6 month review Date/Outcome
1) Detailed Plan Y <input type="checkbox"/> N <input type="checkbox"/>				
2) Detailed Plan Y <input type="checkbox"/> N <input type="checkbox"/>				

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My Name:

My Goals	What I will do	What staff will do to support me	How I feel about this:	6 month review Date/Outcome
3) Detailed Plan Y <input type="checkbox"/> N <input type="checkbox"/>				

Please proceed to Section II.