

**MISSOURI ACCESS TO RECOVERY III
RECOVERY MANAGEMENT CHECK-UP**



Consumer Name:	Staff Name:
DMH ID#:	Date:

Hello. My name is state your name, your recovery coordinator. I am calling from state your agency's name, as part of the follow-up we have agreed to do with you as you continue to receive services at state name of provider. Is this a good time to ask you a couple of questions? This will only take a few minutes of your time.

Has your address or phone number changed since the last time we talked? Yes No

New Address	New Phone Number
Email:	New Cell Phone or Other Contact Phone

Are you still receiving ATR services at state name of ATR provider? Yes No

If NO: Can you share with me why?

Are you satisfied with services you are receiving? Yes No

Which services?

Are you attending any self-help meetings (AA/NA/CR...)? Yes No

If NO: Would you like information regarding meeting times and locations in your area? Yes No

If YES: Provide a list of meetings.

Can you share with me what activities you are involved in that you feel are helping with your sobriety?

Where are you currently living? With whom?

Where are you currently employed? Enrolled in School?

Are you on Probation or Parole? Yes No

Are you seeing your P.O. when scheduled? Or is there something preventing you from seeing your P.O. that we could help you with?

Name of client, I appreciate you for taking the time to talk with me. If there is anything else I can do for you, please call me at Agency Phone #.

Staff Signature: