

**Recovery Support Plan  
Community Counseling Services**

Rev 01/17

**Case Name** \_\_\_\_\_

**Case Id#** \_\_\_\_\_

**Date** \_\_\_\_\_

New    Annual    Re-Write    Addendum

- Peer Support
- Community Support
- SUD Recovery Support

**Needs Statement(s) from Initial Assessment and ISP:** (area of need)

**Long Term Goal(s) form ISP:**

**Objectives:**

**Health** (dental, medical, medication, substance abuse, adaptive equip, therapy, behavior supports, other)

**Home** (money management, benefits, living arrangements, clothing, personal care, child care, rent, other)

**Purpose** (employment assistance, education, vocational training, early intervention, other)

**Objectives:**

**Community** (social supports, interpersonal, protective care, support group, counseling, legal assistance, other)

**Strategies/Activities:**

**Who is responsible:**

**Target Completion Date:**

\_\_\_\_\_  
Individual receiving services

Date

\_\_\_\_\_  
Parent/Legal Guardian

Date

\_\_\_\_\_  
Direct Service Provider/credential

Date