

Individual Service/Recovery Plan

Individual's Name _____ ID # _____ Date _____

Recovery Coach/Case Manager _____

Life Domains: Recovery from Substance Use, Living and Financial Independence, Employment and Education, Relationships and Social Support, Medical Health, Leisure and Recreation, Independence from Legal Problems and Institutions, Emotional Wellness and Spirituality

Life Domains	Individual Goals and Aspirations What do I want?	Resources, Strengths, and Skills What do I have access to or what have I used in the past?	Barriers and Problems What barriers/issues do I need to remove/overcome to achieve my goal?
[Choose Life Domain]			
	Action Steps Needed to Reach this Goal	Who Else Might be Involved?	When do I Want to Have This Goal Accomplished?
	1)		
	2)		
	3)		
	4)		
	5)		
	6)		

Client Signature _____ Date _____

Recovery Coach/Case Manager Signature _____ Date _____