

**Personal Recovery, Individual Development and Expectations (PRIDE)
Monthly Report by Resident 140126**

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Resident completes and submits this to staff for endorsement before sending it to one or more recovery allies so that it is received before the last workday of the month.

Resident:	Month: December Year: 2008
Program Name & Location:	
Resident Phone <input type="checkbox"/> Cell <input type="checkbox"/> and/or Email:	
Program Staff Name, Phone # and/or Email:	
Ally Names: Probation/Parole <input type="checkbox"/> DFCS <input type="checkbox"/> Other <input type="checkbox"/>	
Allies' Phone <input type="checkbox"/> Fax <input type="checkbox"/> and/or Email:	

I. Completed by Resident:

A. My planned transfer (successful discharge) residence plan: This information has has not changed since my last report.

1) Anticipated transfer month/date: _____

2) Address: _____

3) Head of household & phone # _____

4) Employer/school: _____

5) Recovery supports: _____

B. Recovery activities completed and progress that I made this month (see last month's goals):

C. My recovery goals for the next 30 days:

<u>Recovery Goal</u>	<u>Associated Activities: Specify day & time each activity occurs</u>
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D. I plan to go on one or more day or overnight passes next month. If overnight is checked, the completed Overnight Recovery Exploration Outing (OREO) Request is attached.

II. Drug Tests/Use since Last PRIDE Report: ✓ if None or complete the below

*Tested by: Residence Staff, Supervising Officer, Other: _____

By*	Date	**Indicate Result: <u>Negative</u> ; <u>Positive</u> ; <u>Verbal (not tested)</u> ; <u>Observed Intoxication</u>		
		THC	Cocaine	Alcohol or Other Drugs' Name and Result**

III. Other Information. Completed by: Resident Program Staff Ally

Please contact me at your earliest convenience to discuss the below: Yes No

A residence change..... An incident with law enforcement...

Employment or school change... Program participation/progress

Alcohol or other drug use Other: See below

of Days Employed: _____ FT: _____ PT: _____ Increased or Decreased

of Program Attendances: _____ Increased or Decreased

Comments/Other: _____

Resident Signature Date

Program Staff Signature Date

Ally Signature: _____ **Date:** _____



Overnight Recovery Exploration Outing (OREO) Request 140124

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The resident completes this form and receives the program's endorsement before sending it to one or more recovery allies for approval at least 10 work days before the first pass date. Outings will not be approved before receiving the current month's Personal Recovery, Individual Development and Expectations (PRIDE) Monthly Report.

Name:	Signature:	Date:
Resident Cell Phone and/or Email. Enter "None" if applicable:		
Program Name & Location:		
Program Staff Name, Phone Number and/or Email:		
Ally Name(s): Probation/Parole <input type="checkbox"/> DFCS <input type="checkbox"/> Other <input type="checkbox"/>		
Allies' Phone <input type="checkbox"/> Fax <input type="checkbox"/> or Email:		

I. Since my last OREO or OREO request I have: 1) followed all program rules , 2) participated in all recovery activities contained in my recovery plan , 3) paid all fees and other financial obligations , and 4) otherwise modeled recovery behavior If any not checked, explain:

II. Since my last OREO or OREO request I have not used alcohol or illicit drugs and have submitted (#) _____ drug tests of which (#) _____ were negative.

III. My proposed OREO plans are as follows. The second line describes the recovery activities, start & end times, and locations that I will do while enjoying the OREO.

Begin Date & Time End Date & Time Residence Address HOH and Phone #

1) _____

2) _____

3) _____

4) _____

My signature below indicates that I (check one) approve disapprove of the above listed OREO because:

Program Staff: _____ Date: _____

My signature below indicates that I (check one) approve disapprove of the above listed OREO because:

Recovery Ally: _____ Date: _____

