

**Personal Recovery, Individual Desistance and Expectations (PRIDE)
Ally Monthly Resident Progress Report: 140125**

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The resident completes this form, submits it for endorsement to the Forensic Peer Mentor (FPM), then sends it to recovery and/or Criminal Justice allies prior to the last workday of each month.

Resident:	Month _____ Year _____
Program Name & Location:	
Resident Phone <input type="checkbox"/> Cell <input type="checkbox"/> and/or Email:	
Program Staff Name, Phone # and/or Email:	
Recovery Ally Name: Probation/Parole <input type="checkbox"/> Other <input type="checkbox"/>	
Recovery Ally 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) Transfer 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:

Recovery Goal Associated Activities: Specify when each activity occurs

D. I (check one) do not do plan to go on one or more passes next month.

II. Drug Tests/Use Since Last Progress Report: None (Check box or complete the below)

Completed by: Resident **or Supervising Officer**

Test Date	Enter result: N = Negative; P = Positive; V = Verbal		
	THC	Cocaine	Alcohol or Other Drugs (List along with result)

III. Other Information. **Completed by: Individual** **FPM** **Recovery/CJ Ally**

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

A residence change An incident with the law

Employment or school Program participation

Alcohol or other drug use Other: See below.

Days Employed: _____ Increased or Decreased

Months Attending a Program: _____ Increased or Decreased

Comments/Other: _____

Resident Signature Date

FPM Signature Date

Recovery/CJ Ally Signature: _____ **Date:** _____



Overnight Recovery Exploration and Outing (OREO) Request 140125

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The resident completes this form and receives the program's endorsement before sending it to the recovery/criminal justice ally for approval at least 10 workdays before the first pass date.

OREO Requests will not be approved before receiving the current month's PRIDE 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:		
Recovery Ally Name: Probation/Parole <input type="checkbox"/> DFCS <input type="checkbox"/> Other <input type="checkbox"/>		
Recovery Ally 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. If disapproved, here's why:

Program Staff: _____ Date: _____

My signature below indicates that I (check one) approve disapprove of the above listed OREO. If disapproved, here's why:

Recovery Ally: _____ Date: _____

