NEW DAY RECOVERY

Session 36 Handout

My 90-Day Continuing Care Plan



Finished and checked in Session 36 (Phase 4 completion). Session 60 is graduation. A plan with names and dates is a bridge. A plan without them is a wish — fill every line with a name, a date, a number, or a place, or write the dated step that will fill it.

Name: _____ **Date:** _____

Plan dates: _____ to _____ **Day-90 review with:** _____ on: _____

HEALTH

Medical / dental / counseling appointments (kept or booked, with dates):

My medication routine, exactly as prescribed — and my prescriber & phone:

Sleep & HALT plan — how I will guard sleep and not get too Hungry, Angry, Lonely, or Tired:

My craving & chain tools — what I will use, and who I will call:

HOME

Where I will live & the house agreements I have agreed to:

My dangerous-hours plan — the hours and places that are risky for me, and what I will do instead:

Key house contacts (names & phones):

My 90-Day Continuing Care Plan

Name: _____ Date: _____

PURPOSE

Work / school / service — my commitment and its start date:

Money & payday plan — what happens to my pay, in order, on payday:

One living amend I am continuing (name & the steady step):

One trust I am rebuilding in small steps (name & the small, checkable steps):

COMMUNITY

Support community (participant's choice) — name, contact, meeting/service time:

Recovery community — name, contact, meeting days & times:

Mentor — name & phone:

Accountability partner — name, phone & our call schedule:

If I slip, my Return Card (Sessions 28 & 30 handout) is the plan, and my first calls are:

Participant signature: _____ Facilitator / coach: _____

In crisis: call or text 988 (24 hours) • Emergency: 911 • Tell staff now.