



Application to Graduate (CWC/BIC)

Name: _____

Date Entered in Phase 4: _____

Phone: _____

Current Address: _____

Circle One: Own/Renting/Sober Housing/Staying with Family-Friends/Homeless

Current Employment: _____

Circle One: Full Time/Part Time/Unemployed/Disabled/Retired

Education: GED/High School Diploma/Some College/Associates/Bachelors/Master (Circle one)

You MUST meet the following criteria to Graduate (initial each line below)

_____ I have been in Phase 4 for a minimum of 90 days.

_____ I have a minimum of 90 days of clinical stability.

_____ I am engaged in treatment with my Substance Use/Mental Health provider by:

1. Following my treatment plan and obtaining clinical stability
2. Submitting to random drug testing as required by my treatment provider
3. Attending my treatment appointments regularly
4. Developed an aftercare plan

_____ I am currently in a safe living environment in a on long term housing situation where my recovery will be supported.

_____ I have obtained employment, education, or volunteering (if disabled)

_____ I am working to provide for myself and to take care of my needs.

List one personal and community-based resource that you can use to support your long-term recovery plan:

1.) _____

List two coping responses you can use if triggered:

- 1.) _____
- 2.) _____

List one short-term SMART goal that you have accomplished during Phase 4:

1.) _____

*Treatment Provider: Please complete form with participant and email to PO
PO: Please email completed form to Defense Attorney, DA, and Program Coordinator.
Application will be staffed at next hearing.*

List one personal long-term SMART goal you would like to continue to work on after you graduate the program:

1.) _____

Treatment Provider verification signature:

Print:

Sign:

Date:

_____ I am in compliance with supervision and am following my case plan as required.

Probation Officer verification signature:

Print:

Sign:

Date:

Participant Signature

Date:

Program Coordinator

Date: