AccuCare: Recovery Support Screening

Client Name:	
Client Ref #:	
Client DOB:	
Date of Interview:	
 Which of the following statements best describes your re □ I don't believe I have a problem with substance at 	· · ·
program.My substance abuse has contributed to problems make a difference.	in my life, but don't see how a recovery program will
 I am attempting to limit my use of alcohol and/or positively impact my life. 	drugs and can see how a recovery program can
☐ I am committed to my recovery and have been we	orking on avoiding situations that may impact my
recovery. ☐ I am working towards maintaining strategies that	will support my long term recovery and avoid
situations that may impact my recovery. Other	
2. What are the most important priorities for your recovery Please rate each area on a scale of "0=not a priority, 1=SI important, 4=Extremely important	now? lightly important, 2=Moderately important, 3=Considerably
Improving Family Relations	Maintaining my Substance Abuse Recovery
Safety at Home or at School	Complying w/ Criminal Justice requirements
Improving Daily Living Skills	Complying w/Child Protective Services Requirements
Enhancing Education or Improving Work Status	Incorporating my Culture in my Life
Improving my Social Support (friends, hobbies, activities)	Additional Priorities
Maintaining or Enriching my Spiritual Life	
Improving/Maintaining my Physical Health	
Improving/Maintaining my Mental Health	

3. What kinds of recovery support services do you think might be most helpful for you? (Check all that apply) Family Relationships ☐ Marriage education/counseling Family education/counseling ☐ Child care services Other _____ ☐ Parenting skills Other Safety at Home or School ☐ Intimate partner violence education Bullying education Anger management (self and/or partner) Suicide education Domestic violence service Locating safe house □ Other **Daily Living Skills** ☐ Assistance with hygiene (showering, brushing teeth) Assistance with budgeting or finance Assistance with housekeeping Information about nutrition or meal planning Transportation to attend recover support activities **Education or Work Status** Need for vocational training ☐ Assistance with Interviewing Skills ☐ Assistance with reading or comprehension ☐ Assistance with clothing or shoes for interview ☐ Assistance in obtaining GED Assistance with writing resume Assistance searching for a job ☐ Tutoring on school subjects Other _____ **Social Support** ☐ Need for caring supportive person/people to talk to Activities to meet new friends Healthy group activities/social gathering with peers Other Spirituality Desire to attend spiritual/religious activities Spiritual retreat Someone to discuss spiritual/religious activities with ☐ Other _____ Cultural Interested in participating in cultural activities Indigenous language recovery/expression Learning more about my culture Story telling/cultural teaching **Traditional Healing Services** Tribal song and dance Tribal arts and crafts Sweat Lodge Talking Circle Other _____ ☐ Cultural retreat Substance Abuse Recovery Support to stop using alcohol or drugs Transitional drug free housing Support to continue being clean and sober Clinical assessment ☐ Alcohol/drug testing □ Other Physical Health ☐ Stress management ☐ Auricular acupuncture HIV/AIDS education Physical fitness and well being activities □ Other _____ ☐ Acupuncture Mental Health Stress management □ Other _____ ☐ Relaxation management □ Other _____

Additional Services	
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Comments	