



Phase Development Plan

Name:

Date:

Phase:

What were your goals for the phase that you are completing? Did you achieve those?

Do you have the following?

Diploma/GED – Yes No

PCP – Yes No

Stable Housing – Yes No

MAT – Yes No

Employment – Yes No

Mental Health Counselor – Yes No

License – Yes No

Dentist – Yes No

Do you need assistance in obtaining any of the above that you answered “no” to?

What are up to 3 specific goals that you would like to work on over the next phase?

1.

2.

3.



What steps need to be taken to achieve those goals?

1.

2.

3.

What are you currently doing for treatment?

What is working for you in treatment?

What is not working for you in treatment?

What do you need to work on in treatment?

What is working for you in the DC program?

What is not working for you in the DC program?

What can the DC team do to better assist you in achieving success in the program?



Have you submitted a medication list with your phase promotion request?

Have you paid towards your DC fees?

Signature: _____

Date: _____