

START OVER FUND

RECOVERY PLAN

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____

CONTACT PREFERENCE (CIRCLE ONE) TEXT / PHONE / EMAIL GENDER: (CIRCLE ONE) MALE / FEMALE

EMERGENCY CONTACT PERSON (FRIENDS/FAMILY) _____

CELL _____ EMAIL ADDRESS _____

CANDIDATE'S HISTORY _____

WHAT HAS THE CANDIDATE AGREED TO? _____

NAME & SIGNATURE OF CANDIDATE _____

NAME OF CANDIDATE'S FRIENDS/FAMILY THAT ARE CONTRIBUTING _____

CELL _____ EMAIL ADDRESS _____

FUNDING PROVIDED FOR THE FOLLOWING

AMOUNT PER MONTH

PERIOD OF TIME

\$ _____ TRANSPORTATION / COMMUNICATION _____

\$ _____ CHILDCARE _____

\$ _____ HOUSING / UTILITIES _____

\$ _____ HEALTHCARE / TREATMENT / DETOX _____

\$ _____ FOOD / CLOTHING / PERSONAL ITEMS _____

APPROVED BY (NAME): _____ (SIGN) _____ (DATE) _____

CONFIDENTIAL