

ATR Application

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone Number: _____

Address: _____
(Street) (City) (State) (Zip Code)

1. How did you hear of ATR services?
2. How do you see ATR being a benefit to you?
3. What are a few things that get in the way of you being successful in recovery?
4. How do you see ATR helping you work around these barriers?
5. Have you been involved in substance abuse treatment in the past year? If so, where and what is your current involvement?
6. What is your current plan for continuing care services surrounding your recovery?

7. Describe your relapse prevention plan, including how you identify relapse, what your sources for support are, and your plan of action.

8. Are you currently employed?

9. What is your monthly income?

10. Part of the ATR program includes a follow up 6 months after starting to receive services. Will you be able to provide us with 3 different ways to contact you in the next 6 months? Who are those contacts?