

Oxford House

New Member

My Plan for Recovery

Name: _____ Date: _____

My Plans for Follow Up In Recovery: _____

If enrolled in an Aftercare Program, my plans for attendance: _____

I do _____ do not _____ have a sponsor at this time. If you do not, how soon can you obtain a sponsor? _____

I plan to attend _____ AA/NA meetings per week?

I am using _____ book for my Daily Meditation?

I understand that if I drink or use in or out of this house, I will be expelled immediately.

Signature: _____ Date: _____

House Officer: _____ Date: _____

House Officer: _____ Date: _____