INTEGRATED RECOVERY PLAN TEMPLATE

PROGRAM	**Date:**
PERSON: Client **Strength Based Discussion: Describe recent or relevant periods of success and strengths being used to address each issue:**	**Team Members** **Person's Vision for a Happy Life**

GOALS AND OBJECTIVES:	**WHAT DO WE DO?** (Stage matched interventions)	**RESPONSIBLE PERSONS (Who does what?)**	**Milestones of Progress and Opportunities for Rounds of Applause**
1. Issue: Stage: Goal Objectives			
2. Issue: Stage: Goal Objectives			
3. Issue: Stage: Goal Objectives			
4. Issue: Stage: Goal Objectives			
SIGNED BY: Client ( ) Family ( ) Program Manager ( ) Staff ( ) Staff ( ) MD ( ) etc			