

STATE OF CONNECTICUT
ACCESS TO RECOVERY II PROGRAM (ATR II)
Department of Mental Health and Addiction Services

CLIENT AGREEMENT FOR RECOVERY SUPPORT SERVICES

You have been assessed as being appropriate to receive recovery support services with _____
(*Program Name*) through Access to Recovery (ATR) II. Your services will be monitored by staff _____
(*Staff Name*) who will work with you to ensure that you receive the services necessary to assist you in your recovery.
Services include (check all that apply):

CASE MANAGEMENT Recovery Support Services

- Work on improving relapse preventions skills.
- Help with obtaining gainful employment and education.
- Assistance with independent living.
- Linkage to all treatment and non-treatment services.
- Work with your other service providers to coordinate quality services.
- Help you in the process of transitioning to independence.
- Assistance in securing transportation, housing, education and employment.
- Referral to other ATR II services.
- Complete GPRA assessment interviews.

FAITH-BASED Recovery Support Services

- Integration of faith and recovery.
- Connection to a strong faith community.
- Encouragement to take on valued social roles.
- Mentoring and positive role modeling.
- Pastoral/spiritual counseling and guidance that support recovery and spiritual life.
- Assistance in securing transportation, housing, education and employment.
- Referral to other ATR II services.

Complete GPRA assessment interviews.

PEER-BASED Recovery Support Services

- Face-to-face and telephone outreach to maintain engagement in recovery services.
- Promotion of constructive family and personal relationships.
- Assistance connecting with community organizations and informal associations that support recovery.
- Recovery groups designed to assist persons in recovery to build positive community connections.
- Assistance in securing transportation, housing, education and employment.
- Referral to other ATR II services.

Complete GPRA assessment interviews. You may be discharged from services at your request or for non-compliance with your agreed upon recovery plan.

I, _____ (*Your Name*), understand the contents above and agree to fully participate in recovery support services. If you do not agree to accept the services as described above, please state why:

Recipient Signature

Date