

CST/DUI Track - Application for Phase 2

Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: *(place an "X" if task is completed)*

You have been in Phase 1 for a minimum of 10 weeks. Date started program: _____

You have a minimum of 14 consecutive days violation free. What is your sobriety date: _____

You are engaged in treatment and attending regularly?

Treatment verification signature: _____

Are you in compliance with supervision?

Probation verification signature: _____

Identify 3 of your biggest struggles in Phase 1:

- _____
- _____
- _____

Identify 3 personal goals you would like to accomplish in the next phase:

- _____
- _____
- _____

Client Signature

Date

Case Manager Signature to Approve

Date

CST/DUI Track- Application for Phase 4

Name: _____ Date Turned in: _____

Current Address: _____ Phone: _____

_____ Email: _____

You MUST meet the following criteria to Phase Up: *(place an "X" if task is completed)*

You have been in Phase 3 for a minimum of 10 weeks. Date started phase 3: _____

You have a minimum of 30 consecutive days violation free.

You are engaged in treatment and attending regularly?

Counselor verification signature: _____

You are engaged in cognitive behavioral therapy program?

Case Manager verification signature: _____

Are you in compliance with supervision?

Probation verification signature: _____

What have you identified as your weekly sober peer support? _____

You have led an Aftercare/peer support/ cognitive behavioral group or worked with Peer Specialist on a sober event? What & when: _____

Identify 2 of your biggest struggles in Phase 3:

○ _____

○ _____

Identify 2 personal goals you would like to accomplish in the next phase:

○ _____

○ _____

Client Signature

Date

Case Manager Signature to Approve

Date

