



Resident Information:

Resident Name: _____

Move-in Date: _____

Date of Completion: _____

Recovery Residence Name: _____

Staff Member Assisting with Plan (Name & Title): _____

Personal Resources & Support

1. What personal strengths, skills, or resources do you have to support your recovery? (Examples: coping skills, housing, financial support, community connections)

2. What wellness tools or strategies have helped you in the past?

3. Are there new wellness tools you'd like to try?

Identifying Challenges & Solutions

4. What obstacles (barriers) make recovery harder for you?

5. How do you recognize when you're feeling well? (What does it look, sound, or feel like?)



6. What signs tell you that you're struggling? (What does it look, sound, or feel like?)

7. When you feel unwell, what can you do to help yourself feel better?

Housing & Future Planning

8. What are your housing goals after the 1-year grant ends?

9. How can your time in recovery housing help you reach those goals?

10. Are you interested in any referrals?

Circle those you are interested in:

1. Peer-based Recovery Support Services
2. Mental Health Treatment Services
3. Substance use disorder treatments
4. Social Services
5. Employment and training services
6. Smoking cessation programs.



Goal Planning

For each goal, select a Recovery Dimension: Health, Home, Purpose, or Community

Goal	Recovery Dimension	Target Date	Daily Steps	Weekly Steps	Monthly Steps	Support Needed
1						
2						
3						
4						



Signatures

Resident Acknowledgment: I have actively participated in the development of this Wellness and Recovery Plan and understand my goals and objectives listed.

Resident Signature: _____ Date: _____

Staff Confirmation: I confirm that this plan was developed in a collaborative discussion with the resident.

Staff Signature: _____ Date: _____