



Mission: "...To provide a sustainable and reliable community recovery center that supports the needs of people affected by addiction".

Application for Recovery Coaching Services

What is a Recovery Coach?

Recovery coaching (also known as peer mentoring) is a strength based support for those seeking or in recovery from addictions provided mainly by people who are in recovery themselves and as a result have gained knowledge on how to attain and sustain recovery. It is a partnership wherein the person in or seeking recovery self-directs his/her own path toward the goal of recovery while the coach provides expertise in supporting success in that change.

Who are the Recovery Coaches?

They will-

- Help initiate and sustain individuals in their recovery from addiction;
- Promote recovery by helping to remove barriers and obstacles to recovery;
- Serve as a personal guide and for people who are seeking or are already in recovery including but not limited to — harm reduction, detox, treatment, family support and education, local or on-line support groups, etc.;
- Help individuals find ways to stop using (abstinence), or reduce the harm associated with addictive behavior.

Recovery coaches support positive change by helping anyone including persons coming home from treatment or the criminal justice system to avoid relapse and build community support for their recovery.

What Recovery Coaches do NOT provide-

- They do not provide clinical treatment however, they may assist the individual to access those clinical services;
- They do not provide treatment or diagnosis of any addiction or mental health issue; .
- They do not provide monetary support but may assist individuals in finding those resources in the community.

Participant Information

First Name: _____		Last Name: _____	
DOB (MM/DD/YY): _____ / _____ / _____			
Gender: <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Nonbinary		<input type="checkbox"/> Other: _____	
Orientation: <input type="checkbox"/> Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Queer <input type="checkbox"/> Other: _____			
Relationship to Recovery: <input type="checkbox"/> Peer <input type="checkbox"/> Family/Loved One <input type="checkbox"/> Ally			
Referred by:		Reason for Referral:	

Contact

<i>STREET ADDRESS</i>		<i>CITY</i>	
<i>STATE</i>		<i>ZIPCODE</i>	
<i>EMAIL</i>			
Home Phone: _____ - _____ - _____		Cell Phone: _____ - _____ - _____	
Can we leave voicemail messages? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Which is your preferred communication method? <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
Who do you currently live with? <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Family <input type="checkbox"/> Girlfriend			
<input type="checkbox"/> Boyfriend <input type="checkbox"/> Friend <input type="checkbox"/> None <input type="checkbox"/> Other			
What do you currently live in?			
<input type="checkbox"/> Own/Rent House		<input type="checkbox"/> Other's Home	
<input type="checkbox"/> Other's Apartment		<input type="checkbox"/> Oxford House	
<input type="checkbox"/> Other Group Housing		<input type="checkbox"/> Hotel/Motel	
<input type="checkbox"/> Place not for habitation (car, abandoned building, subway, outside etc)		<input type="checkbox"/> Shelter	
		<input type="checkbox"/> None <input type="checkbox"/> Other	

Demographics

Race: <input type="checkbox"/> White		<input type="checkbox"/> Hispanic, Latino, Spanish Origin		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian		<input type="checkbox"/> Middle Eastern or North African		<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> 2+ Race		Other: _____			
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other: _____					
Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Transportation: <input type="checkbox"/> Has reliable car <input type="checkbox"/> Relies on Others <input type="checkbox"/> Uses public transportation					
Do you currently use tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date of Recovery: _____ / _____ / _____					

Number of Children

Number of children you have <u>physical custody</u> of:	# _____
Number of children you have <u>legal custody</u> of:	# _____

Have you ever been convicted of a sex offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what was the nature of this charge and when did this occur?	

I, _____, wish to become a participant of the Bangor Area Recovery Network. I understand that by becoming a participant I am eligible to use the Center's facilities, including the computers, meeting space and library materials, in ways that will enhance and strengthen my recovery from addiction.

I further understand that as a participant I will abide by community rules while at the Center, I will use all Center resources solely for the purposes of working on my addiction recovery. I will treat other participants, staff, and visitors with dignity and respect, and agree to speak to a staff member if I see others who may be threatening anyone's safety at the Center. I will also seek ways that I can participate at the Center to help build a stronger recovering community within the Center, as well as in my larger community.

Waiver

The participant agrees to make no claim and hereby waives, to the fullest extent permitted by law, any claim or cause of action of any nature against the Bangor Area Recovery Network, its officers, directors, employees, agents or subconsultants, which may arise out of or in connection with participation or the performance by any of the parties above-named of the services under this Agreement.

I acknowledge and affirm that the information provided in this application is complete and accurate.

Signature _____ Date _____

Recovery Coaching

What is your availability?			
Sun	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
Mon	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
Tue	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
Wed	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
Thu	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
Fri	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
Sat	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Night
How many times a week or month would you like to meet with your recovery coach?	<input type="checkbox"/> Weekly	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times
	<input type="checkbox"/> Monthly	<input type="checkbox"/> 3 times	<input type="checkbox"/> 4 times
BARN strives to pair Recovery Coaches and Recoverees with the same gender. This is sometimes not possible due to the Recovery Coaches available for coaching. Do you object to having a Recovery Coach with a different gender than your own? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Consent

The purpose of the disclosure authorized in this consent is to receive recovery support. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time. I understand and agree to the following:

1. I grant permission for a volunteer to call me at the above phone number, email, and/or address to support me in my recovery.
2. Each time the volunteer calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e., meetings in area, recovery community centers, safe//sober housing, social events, other resources).
3. At the time of the call, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.
4. If at any time I decide not to take part in this program, I will contact the center or tell the volunteer when he//she calls.
5. BARN will protect your personal information closely and keep your responses confidential. BARN reports to government and foundation funders in aggregate form only, and information cannot be individually identified.

Signature: _____ Date & Time: _____

Witness: _____

Personal History

Today's Date (MM/DD/YY): _____

Recovery Date: _____

Have you ever been to treatment? Yes No

Currently on Probation or Parole? Yes No

Ever been arrested? Yes No

Have you been arrested in the last year? Yes No

Number of times arrested in the past 30 days? # _____

In the past 30 days, have you used (not as prescribed): *Please check all that apply...*

Alcohol

Benzodiazepines

Cocaine/Crack

Fentanyl

Hallucinogen/Psychedelics

Heroin

Marijuana

Methamphetamine

Non-prescribed Methadone

Other Amphetamines

Other Prescription Opioids

Tobacco/Nicotine

None

Other: _____

Date of Last Use: _____

Age of regular misuse: _____

Substances that have been most challenging to your recovery? *Please check all that apply...*

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Cocaine/Crack |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Hallucinogen/Psychedelics | <input type="checkbox"/> Heroin |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Non-prescribed Methadone |
| <input type="checkbox"/> Other Amphetamines | <input type="checkbox"/> Other Prescription Opioids | <input type="checkbox"/> Tobacco/Nicotine |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ | |

of Emergency Room visits for substance use concerns in the last 30 days: # _____

of times given Naloxone/Narcan in the last 90 days: # _____

Treatment services received in the last 30 days: *Please check all that apply...*

- | | | |
|--|---|--|
| <input type="checkbox"/> Inpatient/Hospital | <input type="checkbox"/> Intensive Outpatient Program | <input type="checkbox"/> MAT using Methadone |
| <input type="checkbox"/> MAT using Buprenorphine | <input type="checkbox"/> MAT using Naltrexone | <input type="checkbox"/> MAT using other medication |
| <input type="checkbox"/> Outpatient Counseling | <input type="checkbox"/> Residential Treatment | <input type="checkbox"/> Partial Hospitalization (PHP) |
| <input type="checkbox"/> Withdrawal/Detox | <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

Treatment services received in the last year: *Please check all that apply...*

- | | | |
|--|---|--|
| <input type="checkbox"/> Inpatient/Hospital | <input type="checkbox"/> Intensive Outpatient Program | <input type="checkbox"/> MAT using Methadone |
| <input type="checkbox"/> MAT using Buprenorphine | <input type="checkbox"/> MAT using Naltrexone | <input type="checkbox"/> MAT using other Medication |
| <input type="checkbox"/> Outpatient Counseling | <input type="checkbox"/> Residential Treatment | <input type="checkbox"/> Partial Hospitalization (PHP) |
| <input type="checkbox"/> Withdrawal/Detox | <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ |

Living Status and Recovery Support

Recovery supports being utilized: *Please check all that apply....*

- | | | |
|---|---|--|
| <input type="checkbox"/> 12-step group(s) | <input type="checkbox"/> Info/Education on recovery | <input type="checkbox"/> Sig. other receiving help |
| <input type="checkbox"/> Assistance w/physical health | <input type="checkbox"/> Insurance | <input type="checkbox"/> Sober housing |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Mental Health services | <input type="checkbox"/> Sober social events |
| <input type="checkbox"/> Employment/Financial help | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Spiritual/House of Worship |
| <input type="checkbox"/> Focusing on hobby | <input type="checkbox"/> None | <input type="checkbox"/> Spiritual Supports |
| <input type="checkbox"/> Focusing on work | <input type="checkbox"/> Other mutual aid groups | <input type="checkbox"/> SUD Eval/Treatment |
| <input type="checkbox"/> Food | <input type="checkbox"/> Peer Support | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Healthcare navigation | <input type="checkbox"/> Relationship/Family Counseling | <input type="checkbox"/> Volunteering/Helping Others |
| <input type="checkbox"/> Housing | | |

Do you have a stable place to live? Yes No Don't Know Refused

Is your living situation helpful to your recovery? Yes No Don't Know Refused

Do you have access to transportation? Yes No

Are you currently experiencing homelessness? Yes No

of people in household, including self: # _____

Highest level of education completed?	<input type="checkbox"/> Less than HS	<input type="checkbox"/> HS/GED	<input type="checkbox"/> Some college	
	<input type="checkbox"/> 2-year Degree	<input type="checkbox"/> 4-year degree	<input type="checkbox"/> Graduate degree	
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	<input type="checkbox"/> N/A	
Employment status?	<input type="checkbox"/> Working full/part time	<input type="checkbox"/> Unemployed, looking for work		
	<input type="checkbox"/> Unemployed, not looking for work	<input type="checkbox"/> On disability		
	<input type="checkbox"/> Student	<input type="checkbox"/> Retired		
	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused		
	<input type="checkbox"/> N/A	<input type="checkbox"/> Other: _____		
Annual household income before taxes?				
<input type="checkbox"/> No income	<input type="checkbox"/> Under \$10,000	<input type="checkbox"/> \$10,001-\$20,000	<input type="checkbox"/> \$20,001-\$30,000	
<input type="checkbox"/> \$30,001-\$40,000	<input type="checkbox"/> \$40,001-\$50,000	<input type="checkbox"/> \$50,001-\$60,000	<input type="checkbox"/> \$60,001-\$70,000	
<input type="checkbox"/> \$70,001-\$80,000	<input type="checkbox"/> \$80,001-\$100,000	<input type="checkbox"/> Above \$100,000	<input type="checkbox"/> Other: _____	
History of seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Rate your physical health:	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Bad
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	<input type="checkbox"/> N/A	
Rate your mental health:	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Okay	<input type="checkbox"/> Bad
	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused	<input type="checkbox"/> N/A	
Do you consider yourself in recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Currently Struggling	

What does recovery mean to you?

What is your proudest accomplishment since entering recovery?

Please return this form to a BARN staff member so we can go over all of your recovery options!