



*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.

## Contact Info

First Name: _____ Last Name: _____	
Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Xe/Xem <input type="checkbox"/> Ze/Hir	
Phone #: _____ Email: _____	
Preferred Method: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Ok to leave voicemail	
_____	_____
Street Address	City
_____	_____
State	Zip Code

## Demographics

Date of Birth: ____/____/____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Non-Binary <input type="checkbox"/> Not Listed
Race: <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer/unknown
Ethnicity: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/LatinX <input type="checkbox"/> Other Spanish Origin <input type="checkbox"/> Not Hispanic/Spanish/LatinX <input type="checkbox"/> Prefer not to answer/unknown

## Referred By

<input type="checkbox"/> Agency <input type="checkbox"/> Walk-in/Self-Referral
Agency Name: _____

## Availability

What is your availability?			
Sun	<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
Mon	<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
Tue	<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
Wed	<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 Recovery Coach to contact me at the above phone number, email, and/or address to support me in my recovery.
2. When I meet with a Recovery Coach, we will be discussing how my recovery is progressing and ways I can strengthen and support my recovery
3. If I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, within reason and availability, 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 my Recovery Coach in as timely a manner as possible.
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: \_\_\_\_\_

## Waiver

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 \_\_\_\_\_