

Application for Recovery Coaching Services

Contact Info

First Name:_____ Last Name:_____	
Pronouns: <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them	
Phone #:_____ Email:_____	
Preferred Method: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Ok to leave voicemail	
Address:_____	
Street	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"/> Yes, Hispanic or Latino <input type="checkbox"/> No, not Hispanic or Latino <input type="checkbox"/> Prefer not to answer/unknown
Veteran Status: <input type="checkbox"/> Non veteran <input type="checkbox"/> Veteran

Referred By

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

Availability

What is you availability?	
Sun Hours: _____	Wed Hours: _____
Mon Hours: _____	Thurs Hours: _____
Tues Hours: _____	Fri Hours: _____
	Sat Hours: _____

Bangor Area Recovery Network

How many times a week or month would you like to meet with your recovery coach?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times
<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?**

☒ Yes ☒ 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 anytime I decide to not take part in this program, I will contact the center or tell my Recovery Coach in a timely manner, if 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 : _____

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: _____

BREIF RECOVERY CAPITAL ASSESSMENT (BARC-10)

Please answer the following questions:

- 1 – being strongly disagree
- 2 – being disagree
- 3 – being somewhat disagree
- 4 – being somewhat agree
- 5 – being agree
- 6 – being strongly agree

1. There are more important things to me in life than using substances* 1 2 3 4 5 6
2. In general, I am happy with my life* 1 2 3 4 5 6
3. I have enough energy to complete the tasks I set myself* 1 2 3 4 5 6
4. I am proud of the community I live in and feel part of it* 1 2 3 4 5 6
5. I get a lot of support from friends* 1 2 3 4 5 6
6. I regard my life as challenging and fulfilling without the need for using drugs or alcohol* 1 2 3 4 5 6
7. My living space has helped to drive my recovery journey* 1 2 3 4 5 6
8. I take full responsibility for my actions* 1 2 3 4 5 6
9. I am happy dealing with a range of professional people* 1 2 3 4 5 6
10. I am making good progress on my recovery journey* 1 2 3 4 5 6