Exit Interview

Resident Name: _____ Exit Date: _____ / _____ / _____

Rent Due: _____ / _____ / _____ Total Days in Program: _____ Number of Phases Completed (1-5): _____

Stepworks Programs (check all that apply)

- ☐ Detox
- ☐ Residential
- ☐ PHP
- ☐ IOP
- ☐ Intensive Health

Type of Discharge from Sober Living

- ☐ Completion
- ☐ Early Discharge
- ☐ Eviction
  Reason for Eviction: _____

If you are leaving Stepworks Sober Living before completing the program, please explain why.

_____

_____

_____

Did your time at Sober Living equip you to continue living in sobriety? If not, can you suggest ways we can improve?

_____

_____

_____

_____

Future Housing Plan

Type of housing: ☐ House ☐ Apartment ☐ Sober Living ☐ Other: _____

Address: _____

Street City State Zip

Who else will live there? _____

Will this living situation support your sobriety? Be honest. _____

_____

Can we provide assistance (transportation, bus ticket, etc.)? _____

Sober Living Team Member Section

Housing Checklist (comment if needed)

- ☐ Bed: _____
- ☐ Bed Frame: _____
- ☐ Mattress: _____
- ☐ Dresser: _____
- ☐ Nightstand: _____
- ☐ Linen: _____

Continuing Care Plan

Summary of care: _____

_____

Prognosis and areas of concern: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

_____

_____

Recommendations for the resident: _____

_____

Refer to…

- ☐ Intensive Health
  - ☐ Primary Care Provider
  - ☐ MAT
  - ☐ Individual Therapy
  - ☐ Family Therapy

- ☐ Group Therapy
- ☐ Peer Support Services

☐ Recovering(me)

☐ Recovery Support Meetings

☐ Sponsor

Upcoming Appointments

Provider Name: ____

Date: _____ / _____ / _____ Time: _____ : _____ ☐ A. M. ☐ P. M.

Phone: (______) ______ - _______

Address: ____
Street City State Zip

Provider Name: ____

Date: _____ / _____ / _____ Time: _____ : _____ ☐ A. M. ☐ P. M.

Phone: (______) ______ - _______

Address: ____
Street City State Zip

Provider Name: ____

Date: _____ / _____ / _____ Time: _____ : _____ ☐ A. M. ☐ P. M.

Phone: (______) ______ - _______

Address: ____
Street City State Zip

Provider Name: ____

Date: _____ / _____ / _____ Time: _____ : _____ ☐ A. M. ☐ P. M.

Phone: (______) ______ - _______

Address: ____
Street City State Zip

Resident Signature: ______________________________ Date: _____ / _____ / _____

Team Member Signature: ______________________________ Date: _____ / _____ / _____