658 E. Brier Drive Ste 250, San Bernardino CA, 92415-0026 | Phone: 909-501-0728• Fax: 909-501-0831
www.SBCounty.gov

SAN BERNARDINO COUNTY

Department of Behavioral Health
Substance Use Disorder and Recovery Services

RESET

DISCHARGE PLAN- To be completed with client within thirty (30) days prior to the last face-to-face session	**Date Completed:**

Support Plan:

Program: What is your plan for recovery growth? What meetings are you going to attend? How many? Do you have a sponsor?

Recovery Centers and services near me:

Relationships: Whom do you rely on to support your new lifestyle? What family members do you wish to improve your relations with?

Health Care: Plans you have made for continued optimal health? Exercise, Diet, etc. Who, What, Where, How much?

Income: What plans do you have for work, SSI to support yourself? Need more Training, Education? Go on job search? Where, how often

Housing: Do you have stable, safe, and clean housing in an alcohol & drug free environment? Do you need to move?

Recreation: What activities do you plan on or do you wish to participate in that will encourage and enhance your new lifestyle?
Triggers and Action Plans:
Triggers: List all people/places/things that could trigger a relapse. List your action plan for each of these triggers.
Self-Care: In what ways can you reward yourself for continued abstinence and recovery growth? What are my strengths?

Client Printed Name		**Counselor Printed Name**	
Client Signature	**Date**	**Counselor Signature**	**Date**
****Client signature certifies that the client has received a copy of this discharge plan.***			
During last face-to-face session the client and counselor shall sign and date the Discharge Plan.			