

# Oxford House

## *My Plan for Recovery*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*My Plans for Follow up With a Counselor:*

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*If enrolled in an Aftercare Program, my plans for After Care Attendance:*

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*I do \_\_\_ do not \_\_\_ have a sponsor at this time.*

*If you do not, how soon can you obtain a sponsor? \_\_\_\_\_*

*I plan to attend \_\_\_\_\_ AA/NA meetings per week (fill in number)*

*I am using \_\_\_\_\_ Book for my Daily Meditation*

*I understand that if I drink or use in or out of this House, I will be expelled immediately.*

Signature: \_\_\_\_\_