

*Oxford House* \_\_\_\_\_

NEW MEMBER  
MY PLAN FOR RECOVERY

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

My plans for follow-up with counselor: \_\_\_\_\_

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If enrolled in an Aftercare Program, my plan for Aftercare 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? \_\_\_\_\_

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

I am using \_\_\_\_\_ for my Daily Meditation.