

Recovery Contacts & Schedule

The people in this section are your safety net. Fill it in before you need it.

My Sponsor

Name _____ Phone _____

Home group _____ Meeting day/time _____

When I should call them (not just in crisis) _____

My Home Group / Regular Meetings

Meeting Name / Type	Day	Time	Location	Notes

Sober Support Network

3 people I can call any time — day or night — if I feel like using:

Name 1 _____ Phone _____ Relationship _____

Name 2 _____ Phone _____ Relationship _____

Name 3 _____ Phone _____ Relationship _____

My Recovery Plan — Basics

My sobriety date (or goal date): _____

What I am working on right now: _____
