



Application to Phase 2 (CWC/BIC)

Name: _____
Date Entered Phase 1: _____
Current Address: _____
Phone: _____

Initial next to all that apply:

- _____ I have been in Phase 1 for a minimum of 30 days.
- _____ I am engaged in treatment with my Substance Use/Mental Health provider and am doing my best to follow my treatment plan.
- _____ I have provided a baseline UA and have continued to submit to random drug testing as required by my treatment provider.
- _____ I am seeking or have found a safe environment to live in and will inform my team if that changes.

Identify a Success: _____

Identify a Struggle: _____

Short Term Goal you are working on:

Long Term Goal you are working on:

Treatment Provider verification signature:

Print: _____ Sign: _____ Date: _____

_____ I am in compliance with supervision and am following my case plan as required.

Probation Officer verification signature:

Print: _____ Sign: _____ Date: _____

Participant Signature _____ Date: _____ Program Coordinator _____ Date: _____