



CWC & BIC Application to Phase 4

Name: _____

Date Entered Phase 3: _____

Current Address: _____

Phone: _____

Initial next to all that apply:

_____ I have been in Phase 3 for a minimum of 90 days.

_____ I am engaged in treatment with my substance use/mental health provider by:

1. Following my treatment plan
2. Submitting to random drug testing as required by my treatment provider
3. Attending my treatment appointments regularly
4. Building a plan with my provider to avoid triggers

_____ I am currently in a safe living environment and working on long term housing where my recovery will be supported.

_____ I have started seeking employment, education, or volunteer work (if disabled)

List one prosocial activity you have attended:

List one short-term goal SMART that you have accomplished during Phase 3:

List one personal long-term goal SMART you would like to start working on during Phase 4:

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: _____

Treatment Provider: Please complete form with participant and email to PO
PO: Please email completed form to Defense Attorney, DA, and Program Coordinator.
Application will be staffed at next hearing