

# Demonstrating Solutions in Recovery Centers

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

Name(s): \_\_\_\_\_

Time Shift Started: \_\_\_\_\_ Time Shift Finished: \_\_\_\_\_

Number of people at meeting: (if one held during your shift):  
Name of meeting \_\_\_\_\_

## Walk in visitors:

**Total visitors during shift** \_\_\_\_\_

\_\_\_\_\_ Number of visitors during shift

\_\_\_\_\_ Recovery support [conversation/ interaction - engage and refer when appropriate]

\_\_\_\_\_ Explanation of Center [welcome visitor, introduce, show around & offer materials]

\_\_\_\_\_ Referrals to 12 step meetings

\_\_\_\_\_ Referrals to other support groups (what group?) \_\_\_\_\_

\_\_\_\_\_ Crisis Intervention – referrals to: [ ] Detox; [ ] Mental Health Emergency Services;  
[ ] Ambulance / Hospital; [ ] Police; Other \_\_\_\_\_

## Referrals to local organizations:

\_\_\_\_\_ Substance abuse treatment / counseling

\_\_\_\_\_ Mental health treatment / counseling

\_\_\_\_\_ Other addiction services [gambling, overeating]

\_\_\_\_\_ Medical needs

\_\_\_\_\_ Housing

\_\_\_\_\_ Employment

\_\_\_\_\_ Financial assistance

\_\_\_\_\_ Education

\_\_\_\_\_ Parenting support / childcare

\_\_\_\_\_ Other \_\_\_\_\_

## Incoming phone calls:

**Total calls during shift** \_\_\_\_\_

\_\_\_\_\_ Recovery support for caller  
[in providing recovery support - engage and refer when appropriate - see list below]

\_\_\_\_\_ Explanation of Center [engage caller and invite to center]

\_\_\_\_\_ Referrals to 12 step meetings

\_\_\_\_\_ Referrals to other support groups (what group?) \_\_\_\_\_

\_\_\_\_\_ Crisis Calls – referrals to: [ ] Detox; [ ] Mental Health Emergency Services;  
[ ] Ambulance / Hospital; [ ] Police; Other \_\_\_\_\_

## Referrals to local organizations:

\_\_\_\_\_ Substance abuse treatment / counseling

\_\_\_\_\_ Mental health treatment / counseling

\_\_\_\_\_ Other addiction services [gambling, overeating]

\_\_\_\_\_ Medical needs

\_\_\_\_\_ Housing

\_\_\_\_\_ Employment

\_\_\_\_\_ Financial assistance

\_\_\_\_\_ Education

\_\_\_\_\_ Parenting support / childcare

\_\_\_\_\_ Other \_\_\_\_\_