

Skilled Substance Use Recovery Program

INDIVIDUAL PROGRAM COMMITMENT FORM

Congratulations on the next step of your recovery journey.

By participating in this program, you are agreeing to these 10 statements:

(Please initial on each line below.)

1. I understand this is a voluntary support program. _____
2. I agree to participate in developing my treatment plan. _____
3. I agree that the individuals who participate in my treatment plan will be the only individuals to visit me during my stay. _____
4. I agree that visitation will occur Monday through Friday between the hours of 9:00 am and 6:00 pm. Visitation will be coordinated with the program manager. _____
5. I agree to participate in the skilled services needed for my physical rehabilitation. _____
6. I agree to complete an inventory list of all my personal items with a staff member. I understand that any item deemed unsafe will be removed. _____
7. I agree to participate in setting up my discharge plan, as well as after care plan, with my peer coach. _____
8. I agree to be mindful of my roommate's personal space and the need for quietness in the hours of 10:00 pm and 6:00 am. _____
9. I agree to seek assistance if I am feeling frustrated or out of control of my feelings that may result in me harming myself or others. _____
10. I agree that going on leave of absence will be limited to medically essential appointments related to my care plan. _____



SKILLED SUBSTANCE USE RECOVERY

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