**Telephone Recovery Support Consent  
Please Print Clearly**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**/**\_\_\_\_\_\_\_\_\_

**Phone #: ( ) \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell**

**Phone #: ( ) \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (circle one):**  Male Female Other

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State:** \_\_\_\_\_\_\_\_\_ **Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Pronouns:** He/Him/His She/Her/Hers They/Them/Their

**Telephone Recovery Support calls are made between 9am and 5pm Eastern Time Monday thru Friday. Please circle the time range that reflects when you would like to be called.**

***We will try to call you during the time range you circle. Thanks!***

**9am – Noon Noon – 2pm 2pm – 4pm 4pm – 5pm**

**Spanish speaking only**  **DO NOT leave message on Answering machine**

**I understand and agree to the following:**

1. I grant permission for a volunteer from Connecticut Community for Addiction Recovery (CCAR) to call me weekly on the above telephone number(s) to support me in my recovery.
2. Each time the CCAR volunteer calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e., meetings in area, recovery community centers, safe/sober housing, social events, other resources)
3. At the time of a call, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.
4. At any time I may decide not to take part in this service, I will call CCAR at 844-269-8844 ext.5 or tell the volunteer when he/she calls.

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Date Signature of Client

**Please Fax signed form to: 1-877-840-2703 or enroll online at** [**www.ccar.us**](http://www.ccar.us)

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