

Confirmation of Recovery Coach Enrollment Form

I, _____, understand that I must meet regularly with a Second Growth Recovery Coach to be eligible for the Supportive Housing for Mothers in Recovery from Substance Use Disorder program through Twin Pines Housing Trust (TPHT). I must have an in person meeting with a Recovery Coach at least once (1x) per calendar month for the duration of the time that I am a resident of the program. I also understand that to document my meetings with my Recovery Coach, I will need to bring a copy of this letter to my appointment with the TPHT Residence Services Coordinator once (1x) a month. On this letter is a place for my Recovery Coach to sign each day we meet and indicate that I continue to work through my recovery plan with them.

Program Participant Initials

Recovery Coach Section

I understand that _____ must meet with a Recovery Coach to be eligible for the Supportive Housing for Mothers in Recovery from Substance Use Disorder program through Twin Pines Housing Trust (TPHT). As their Recovery Coach, I confirm that I have met with them on the following dates and that they continue to work through their recovery plan (see below). I confirm that at this time they are actively engaged with me as their recovery coach.

Recovery Coach Initials

Recovery Coach Initials Date

Recovery Coach Initials Date

Recovery Coach Initials Date

Recovery Coach Initials Date

Recovery Coach Initials Date

Recovery Coach Initials Date

Recovery Coach Signature Date

Recovery Coach Name

Second Growth Address

Second Growth Phone Number