Phase Review Request

Participant Name: _____Date of Entry: _____
Program: ☐ Track 1 - General Sessions

I am requesting a review to move from Phase 4 to Graduation. My phase-up eligibility date is _____.

By initialing below, I agree I have completed the following requirements:

_____ I am maintaining a drug and alcohol-free lifestyle, evidenced by consistently negative drug screens and it has been at least ninety (90) consecutive days since my last missed, positive, or diluted drug screen or last jail sanction. My sobriety date is: _____.
_____ I am in contact with my case manager weekly.
_____ I am in compliance with my probation sentence.
_____ I have been on time and attended all required court sessions.
_____ I have submitted journal entries on time prior to my court sessions.
_____ I met with the VJO and have followed through on referrals.
_____ I have been respectful and supportive of my peers and staff.
_____ I am attending _____ community support meetings (sub 1 for pro-social) at least three times per week and making effort to obtain a sponsor.
_____ I am attending _____ treatment for Substance Use and/or Mental Health.
_____ I am employed full time, school full time, or have other approval from VTC: _____
_____ I have safe and sober housing. I currently reside at: _____
_____ My driver's license status is: _____. My main mode of transportation is: _____.
_____ I have met with and continue to engage with my mentor: _____.
_____ I completed a safety plan with my case manager and am aware of my triggers and who to contact for help.

3 goals I have for the upcoming phase:

_____
_____
_____

Long term goals to achieve by graduation or after:

_____
_____
_____

My strengths:

_____
_____
_____

My barriers:

_____
_____

Submit to case manager at time of phase review meeting, attach completed Graduation Packet.

Office Use Only:
Date of Review: _____. Eligible for credit back to: _____.
☐ Approved ☐ Denied Reason: _____
_____ Effective Court Date: _____

_____
Case Manager Signature