



California Access to Recovery Effort

(CARE 3)

Revised June 2013

Telephone Recovery Coaching Consent

Name: _____ Client ID: _____

Phone # _____ Cell # _____

Would you like to receive text messages? ___ Yes ___ No

Please circle the days and time range that reflect when you would like to be called:

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening
Sunday	Morning	Afternoon	Evening

DO NOT leave message on answering machine

I grant permission for my recovery coach to call me on the above telephone number(s) to support me in my recovery. Each time the recovery coach calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support. At any time, I may decide not to take part in this service, and if so, I will call my coach or tell him/her when he/she calls.

Client Signature: _____ Date: _____

CARE CALL CENTER | 1-866-350-8773 | OFFICE HOURS: MON - FRI, 8 AM TO 5 PM