



# 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:

<b>Monday</b>	Morning	Afternoon	Evening
<b>Tuesday</b>	Morning	Afternoon	Evening
<b>Wednesday</b>	Morning	Afternoon	Evening
<b>Thursday</b>	Morning	Afternoon	Evening
<b>Friday</b>	Morning	Afternoon	Evening
<b>Saturday</b>	Morning	Afternoon	Evening
<b>Sunday</b>	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