**NAME:**

**PHONE:**

APPLICATIONS ***MUST*** BE SUBMITTED ***1 WEEK*** BEFORE ELIGIBILITY DATE

YOU ***MUST*** MEET THE FOLLOWING CRITERIA TO TRANSITION TO PHASE 2:

(PLACE AN ‘X’ IF YOU HAVE COMPLETED THESE)

**YOU HAVE BEEN IN PHASE 1 FOR A MINIMUM OF 12 WEEKS FROM THE DATE YOU COMPLETED YOU INTAKE AT BRANDYWINE** **COUNSELING:**

 *WHAT DATE DID YOU COMPLETE YOUR INTAKE?*

**YOU HAVE SUBMITTED AT LEAST 4 WEEKS OF NEGATIVE URINE DRUG SCREENS WHILE IN PHASE 1**:

*WHAT IS YOUR CLEAN DATE?* \_\_\_\_\_\_\_\_\_\_ (NOT PERSONAL TIME, COURT TIME)

**YOU ARE MAKING PROGRESS IN TREATMENT**

*COUNSELOR/CASE MANAGER SIGNATURE*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOU HAVE 30 DAYS PROGRAM COMPLIANCE** (TOTALLY SANCTION FREE)

**YOU HAVE IDENTIFIED YOUR COMMUNITY SERVICE SITE**:

**IF YOU HAVE A VEHICLE REGISTERED IN YOUR NAME YOU HAVE HAD YOUR IID INSTALLED IN YOUR CAR 30 DAYS AFTER ENTRY**:

*WHAT IS YOUR ENTRY DATE?*

**YOU HAVE YOUR ELECTRONIC MONITORING DEVICE** – *PROBATION SIGNATURE:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFY 3 OF YOUR BIGGEST STRUGGLES IN PHASE 1**:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IDENTIFY 3 PERSONAL GOALS THAT YOU WOULD LIKE TO ACCOMPLISH DURING PHASE 2**:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLIENT SIGNATURE DATE PROGRAM REPRESENTATIVE SIGNATURE TO APPROVE DATE