

Aftercare Planning Checklist (Life After Rehab)

A simple plan to help you stay connected to care, supports, and safety in early recovery.

1. Follow-up care is scheduled (start here)

- ☐ I have a **follow-up appointment within seven days** of discharge (telehealth counts).
- ☐ I have my **next 30 days** of treatment scheduled (outpatient/IOP, therapy, group, or clinic).
- ☐ I know **who is coordinating my care** (case manager, counselor, clinic, or primary care).
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- ☐ I have a **plan for mental health care** (therapy and/or psychiatry) if needed.
- ☐ If medication is part of my plan, I know **what it is, how to take it, and how refills work**.

2. My support network is real (names + times, not just intentions)

- ☐ I've chosen **two to three people I can call the same day** that cravings or stress spike.
- ☐ I know when/where I'll attend **peer support** (in person or online).
- ☐ If I want one, I have a plan to find a **sponsor/mentor/recovery coach**.
- ☐ My family/loved ones know **how to support me** (and what doesn't help).

3. My relapse prevention plan is written down

- ☐ I know my **top triggers** (people/places/emotions/times).
- ☐ I know my **early warning signs** (sleep changes, isolation, missed appointments/meds, etc.).
- ☐ I have **three coping moves** I can do immediately (leave the situation, call someone, go to a meeting, grounding skills, distraction).
- ☐ I have a **"slip plan"** (who to tell + how to get back to care quickly).

4. My environment and daily routine support recovery

- ☐ My home is as **substance-free** as possible (remove reminders, lock up meds, reduce access).
- ☐ I have a **daily schedule** for sleep, meals, movement, and downtime.
- ☐ I have a plan for **high-risk moments** (weekends, paydays, loneliness, conflict).

5. My practical needs won't derail my plan

- ☐ I have a housing plan (safe, stable, recovery-supportive).
- ☐ I have reliable transportation to appointments and meetings.
- ☐ I have a work/school/childcare plan (schedule + boundaries).
- ☐ I have an insurance/benefits/pharmacy plan for the next 30 days.

My "Plan at a Glance" Box

Follow-up Appointment (Within Seven Days):

Date/Time _____

Provider _____

Phone _____

Ongoing Program:

OP | IOP | Therapy | Clinic

Other: _____

Two People I'll Call First:

Name _____

Phone _____

Name _____

Phone _____

Medications + Pharmacy:

Medications _____

Pharmacy _____

Emergency/Crisis Plan:

Simple Interpretation Rubric

If you're missing anything in Sections 1 or 6:
Treat it as **urgent**. Ask your treatment team to help you set it up before discharge.

If you're missing 2+ items in Sections 2-5:
Choose **one fix today** (schedule, supports, or transportation) and do it with help.

If there is an immediate danger:
Call **911** (and **988** for mental health crisis support).

Plans can change. What matters is staying connected and adjusting as needed.