

Pre-Enrollment Document Number (Auto generated by CMBHS system)	<input type="text"/>
Pre-Enrollment Start Date	<input type="text"/> MM/DD/YYYY
Establish Relationship (Date the process of initial engagement was completed.)	<input type="text"/> MM/DD/YYYY
List the participant's immediate priorities (Briefly describe list of participant's immediate priorities that need to be addressed.)	<input type="text"/> Maximum Length: 1000 (Use separate page if needed)
Date priorities were addressed (Provide date the process of addressing immediate priorities was completed.)	<input type="text"/> MM/DD/YYYY
Explanation of services completed date (Explain that many substance use disorders are chronic conditions that need ongoing support, check-ups and outline the long-term nature of the recovery coaching commitment.)	<input type="text"/> MM/DD/YYYY
Establish a mutual agreement to work together Does the individual want to participate in long-term coaching?	
Date of Long Term Coaching Agreement (If Yes to above question)	<input type="text"/> MM/DD/YYYY