

NEBRASKA LICENSEE ASSISTANCE PROGRAM
Monitoring/Progress Report

Please complete and submit a progress report to Michelle Hruska, NE LAP Coordinator, on a monthly basis until this State of Nebraska licensee, certificate holder or registrant (credential holder) has completed his/her NE LAP treatment recommendations.

Credential Holder/Client: _____ **Date:** _____

Level of Treatment: IOP _____ Aftercare _____ Other _____

Agency/Counselor: _____ **Phone:** _____

Please answer the following questions for this report:

1. **The NE LAP must report to the Division of Public Health when it is determined that a NE LAP client's continued practice would pose a danger to public health and safety. What is your determination on this issue for this NE LAP client at this time?**

Comments: _____

2. **You are to report to the NE LAP within three working days of the date you become aware of a NE LAP client's non-compliance with his/her treatment or aftercare plan. Has this client been satisfactorily complying with their treatment or aftercare plan?**

_____Yes _____No

Comments: _____

3. **To your knowledge, has this client remained abstinent from alcohol and/or substance use?**

_____Yes _____No

Comments: _____

4. **Is this client accepting his/her alcohol/substance use disorder? If yes, please explain. If not, how is his/her treatment plan addressing this issue?**

Comments: _____

5. Describe client's progress towards his/her treatment goals.

Comments: _____

6. Is the client attending required self-help recovery meetings as required in his/her treatment or aftercare plan? _____ Yes _____ No
Describe the client's investment and participation in these meetings.

Comments: _____

7. Has the client obtained a recovery program sponsor? _____ Yes _____ No
Report on the client's communication and work with his/her sponsor.

Comments: _____

8. NE LAP clients are required to complete a minimum of six months of continuing care/aftercare after completion of IOP, and twelve months after completion of residential treatment. What is the current status of the client's aftercare/continuing care progress? Please be specific.

- 1. _____
- 2. _____
- 3. _____

9. What is the client's projected treatment/aftercare completion date? Do you have any additional recommendations for this client's recovery plan?

Comments: _____

Additional comments:

**Please submit by fax (402) 354-8046, or by mail to: Michelle Hruska, NE LAP Coordinator
Nebraska Licensee Assistance Program
Center Pointe Professional Plaza
9239 West Center Road, Suite 201
Omaha, NE 68124-1900
www.LAPNE.org**

(Please use this copy to make additional copies as needed, or make copies from the NE LAP website)