

HRN: 3.4) Peer Recovery Support Participant Manual

Peer Recovery Support seeks to foster a healthy balanced life and independence by helping to build skills for resilient wellness.



'ON-BOARD' JOINT PARTICIPATION CONTRACT



*Peer-Centered Recovery means my recovery support starts with my goals.
My Peer Supporter and I participate together on a team to meet those goals.*

1. I will be honest and respectful with my Peer Supporter, including not being aggressive, misrepresenting my actions and/or sobriety, or putting myself or Peer Supporter at risk. *I understand a safe and honest environment is needed so we can build ongoing trust with each other.*
2. I will interact with my Peer Supporter differently than I would with my family, close friends or other supports in my network. *I understand that my relationship with my Peer Supporter will provide a different type of support than a best friend, or close family member, or licensed therapist.*
3. I will share my concern if I am not happy with my recovery progress, my Peer Supporter or with Peer Recovery Support. *I understand being honest will not get me in trouble, that it may actually help guide the support, and there is an anonymous 'Cause for Concern' form I can use if it is more comfortable.*
4. I will respond in 3 days or less when my Peer Supporter contacts me and give them up to 1 business day to respond to non-urgent matters. *I understand it's important to respect each other's boundaries for daily communication and the importance of making a plan for emergencies or urgent issues.*
5. I will tell my Peer supporter when I want to cancel a meeting or to end Peer Support. *I understand a pattern of not responding, canceling more often than not, or canceling without notice several times may lead to my supporter being assigned to other tasks until I am able to participate regularly.*
6. I will inform my Peer Supporter when I am concerned about harming myself, harming others, or if I am being harmed by others. *I understand its the first step to build coping skills together, that my privacy will be respected and we will define situations where safety may require other actions.*
7. I will stay engaged with my recovery and Peer Supporter by putting equal effort in to plan wellness goals, develop and follow a skill-based plan for a balanced life and personal growth. *I understand we will review the progress and re-evaluate the plan as part of the recovery support process.*
8. I will commit to equal "On-Board" participation to our plan with an honest willingness keep trying in the ongoing process. *I understand a lack of effort to participate may lead to a probation period so I have time to think about what I want, goals and how to prepare if I want to try Peer Recovery Support again.*
9. I will engage in more than transportation assistance with my Peer Recovery Supporter. *I understand we can set up other transportation methods if needed to ensure both my personal recovery support plans and other transportation needs are met.*
10. I will not use my recovery support resources to directly benefit others in my support network. *I understand this is a conflict of interest and that HRN resources are limited to provide for my needs.*

*I have read and will follow the HRN On-Board Contract while staying open to work on other issues that may arise.
I understand if either participant are not following this contract this may lead to HRN actions to get back on track.*

Supporter Signature: _____ **Date:** _____

Participant Signature: _____ **Date:** _____