

Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 1 — Purpose & Participation

We are here by choice. This is voluntary, at-will housing designed to help us practice independent living in a sober, structured environment. Participation means following the Rules and Responsibilities, engaging in recovery, and contributing to the house. Consistent participation in 12-step programs and peer-supported environments produces the strongest long-term outcomes.

If you choose not to engage, the most likely outcomes are relapse, instability, institutional settings, homelessness, or worse. You have options: inpatient treatment, Salvation Army, Bristlecone, or lower-barrier housing like Nevada Cares Campus. This is a place for people who want recovery—not for people being forced into it.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

MEMBER SIGN-IN (Completed During Meeting)							STAFF / LEADERSHIP COMPLETES			
		CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
Bed	Name (If Present)	Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 2 — Curfew & Quiet Hours

Curfews and quiet hours are part of the Rules and Responsibilities and exist to protect sleep, stability, and recovery. Most conflict, relapse, and poor decisions happen late at night. Respecting quiet hours is a basic responsibility and part of living cooperatively with others in recovery.

If someone violates quiet hours, address it directly and respectfully, call your sponsor, and bring it to the weekly meeting if needed. There is no warden or staff enforcing behavior—this is a peer environment. If you are unwilling to follow structure, other housing options with more or less oversight are available.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 3 — 12-Step Participation & Sponsorship

Meetings, sponsorship, and step work are core expectations outlined in the Rules and Responsibilities. You will not always feel motivated. That is normal. Consistent action—meetings, calling your sponsor, and working steps—is how recovery becomes stable and sustainable over time.

If you do not participate consistently, most people return to relapse and instability. If you need more structure, higher levels of care exist. If you want less accountability, lower-barrier housing is available. Doing nothing differently leads back to where most of us came from.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
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Day 4 — Housekeeping & Shared Responsibility

Maintaining a clean and orderly environment is a shared responsibility under the Rules and Responsibilities. Clean spaces support mental clarity, stability, and respect among members. Each person is responsible for cleaning up after themselves and completing assigned chores.

If someone is not meeting expectations, address it respectfully, call your sponsor, and bring it to the weekly meeting if needed. There is no maid service or staff cleaning up after members. If you want that level of service, it exists—but at significantly higher cost.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

MEMBER SIGN-IN (Completed During Meeting)							STAFF / LEADERSHIP COMPLETES			
Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS Attended Today (Type/Name)	TEST & RESULT Breath or Urine (B/U) (Neg/Pos)	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 5 — Peer Accountability

This is a peer-led environment. Members are expected to follow the Rules and Responsibilities and help maintain standards through respectful accountability. This includes addressing issues directly, encouraging others to follow commitments, and participating in house discussions.

If issues arise, speak directly with the person, call your sponsor, and bring it to the weekly meeting if unresolved. There is no charge nurse, security, or staff enforcing behavior—just people in recovery learning to act like healthy adults together. If you need enforcement, higher-structure environments are available.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #		Breath or Urine ((B/U) (Neg/Pos)	Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 6 — Safety & Immediate Termination

Safety is non-negotiable under the Licensing Agreement and Rules and Responsibilities. Substance use, possession, distribution, or violence places the entire house at risk. These behaviors violate the core agreement of sober living.

These violations may result in immediate termination of housing. If you are unable to maintain sobriety or safety in this environment, higher levels of care are available. Ignoring these realities often leads back to legal consequences, institutional settings, or worse.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 7 — Reality & Choice

Recovery requires consistent action and participation. Many members arrive from environments with high structure and supervision. This house operates differently—it relies on personal responsibility, peer accountability, and adherence to agreed rules.

You always have options. Higher-structure environments provide supervision. Lower-barrier environments reduce expectations. This house is for people who choose to engage fully. If you do not, the outcomes tend to repeat prior patterns.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

MEMBER SIGN-IN (Completed During Meeting)							STAFF / LEADERSHIP COMPLETES			
Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS Attended Today (Type/Name)	TEST & RESULT Breath or Urine (B/U) (Neg/Pos)	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Meeting Facilitator/ Coordinator/ Secretary: _____

Day 8 — Personal Responsibility

Each member is responsible for their behavior, their space, and their commitments under the Rules and Responsibilities. This includes meetings, chores, curfews, communication, and financial obligations. Acting like a healthy adult is a daily practice.

If responsibilities are not met, address it directly, call your sponsor, and bring it to the weekly meeting. There is no babysitter or staff managing behavior. If you are not ready for responsibility, environments with more structure or fewer expectations are available.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 9 — Agreements & Commitments

The Licensing Agreement and Rules and Responsibilities are commitments you agreed to upon move-in. These agreements create structure, fairness, and predictability for everyone in the house.

Failure to follow agreements leads to CTC, 10-day notice, or termination depending on severity. If you do not want to follow agreements, this environment will not work for you. Other options exist that require either more structure or less accountability.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 10 — Conflict Resolution

Conflict is normal in shared living environments. The expectation under the Rules and Responsibilities is to address issues directly, calmly, and respectfully. Avoiding conflict allows problems to grow, disrupt the house, and undermine recovery. Learning to communicate clearly and take responsibility is part of independent living.

If conflict arises, speak directly with the person, call your sponsor, and bring it to the weekly meeting if needed. The Secretary and house leaders are not counselors, wardens, or authority figures—they are peers in recovery supporting structure. If you need more oversight, inpatient care or jail exists. If you want less structure, shelters and Nevada Cares Campus are available. This environment sits in the middle and requires participation.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

MEMBER SIGN-IN (Completed During Meeting)							STAFF / LEADERSHIP COMPLETES			
		CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
Bed	Name (If Present)	Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 11 — Sponsorship & Support

Sponsorship is a core expectation under the Rules and Responsibilities. A sponsor provides guidance, accountability, and perspective when emotions, cravings, or confusion arise. Regular contact helps identify problems early and supports consistent recovery actions.

If something is off, call your sponsor before bringing it into the house. If issues continue, address them directly and bring them to the weekly meeting. There is no counselor managing your recovery here. If you need that level of support, higher levels of care are available.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 12 — Behavior Before Motivation

You will not always feel motivated. That is normal in early recovery. The expectation is to follow structure anyway—meetings, chores, curfews, and communication. Behavior creates stability first; motivation follows over time.

Waiting to feel ready leads back to old patterns. Take action, call your sponsor, and follow the rules. If you cannot maintain structure, higher levels of care exist. If you want less accountability, lower-barrier environments are available.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 13 — Respect & Shared Space

Respect is demonstrated through daily behavior—quiet hours, cleanliness, communication, and following agreements. Shared living requires awareness of others and consistent effort to maintain a stable and respectful environment.

If respect breaks down, address it directly, call your sponsor, and bring it to the weekly meeting. There is no staff correcting behavior. If you are unwilling to respect shared space, other housing options with different expectations are available.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

MEMBER SIGN-IN (Completed During Meeting)							STAFF / LEADERSHIP COMPLETES			
Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS Attended Today (Type/Name)	TEST & RESULT Breath or Urine (B/U) (Neg/Pos)	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 14 — Conflict Resolution Process

Conflict is expected in shared living. The Rules and Responsibilities require members to address issues directly, calmly, and respectfully. Avoiding conflict allows problems to grow and disrupt recovery and house stability.

Follow the process: speak directly, call your sponsor, and bring it to the weekly meeting if unresolved. There is no mediator or authority managing disputes. Learning to resolve conflict is part of becoming independent and stable.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 15 — Financial Responsibility

Financial commitments are part of independent living and outlined in the Licensing Agreement. Rent and deferred payments reflect agreements you made. Meeting those commitments on time demonstrates reliability and accountability.

If payments are missed, CTC is required until resolved. Communicate early, follow agreed dates, and take responsibility. If you cannot meet financial expectations, other environments with different structures are available.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 16 — Commitment to Correct (CTC)

CTC is a defined period to correct financial or behavioral noncompliance. It includes a clear deadline and expectation of increased participation, accountability, and follow-through under the Rules and Responsibilities.

Know your CTC date. Write it daily and act on it. If it is not completed, move-out follows. There is no exception based on intention. If you need more structure to succeed, higher levels of care are available.

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Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS Attended Today (Type/Name)	TEST & RESULT Breath or Urine (B/U) (Neg/Pos)	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Meeting Facilitator/ Coordinator/ Secretary: _____

Day 17 — Honesty & Transparency

Honesty is essential in recovery and required in this environment. Being honest about behavior, struggles, and commitments allows problems to be addressed early before they escalate into larger issues.

Dishonesty leads to relapse and instability. If something is wrong, speak up, call your sponsor, and address it directly. If honesty is not maintained, this environment will not work.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 18 — Routine & Stability

Daily structure—meetings, chores, curfew, and communication—creates stability. Routine reduces chaos and supports consistent recovery behavior, even when emotions or motivation fluctuate.

Without routine, instability returns quickly. Follow the structure, even when it feels repetitive. If you cannot maintain routine, other environments with more or less oversight are available.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 19 — Participation vs Presence

Being present is not enough. Participation means engaging in meetings, completing responsibilities, communicating clearly, and contributing to the house. Recovery requires active involvement, not passive attendance.

If you are only showing up without engaging, progress will stall. Address it with your sponsor and in meetings. This environment requires participation to work.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 20 — Personal Accountability

Accountability begins with yourself. Follow the Rules and Responsibilities, meet your commitments, and take ownership of your actions, behavior, and environment every day.

If others are not meeting expectations, address it directly, call your sponsor, and bring it to the weekly meeting. Avoiding accountability breaks structure and leads to instability.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 21 — Recovery Priority

Recovery must come before comfort, convenience, or preference. Decisions should support sobriety, stability, and long-term outcomes rather than short-term relief or avoidance.

If recovery is not the priority, outcomes become predictable. Follow the structure, call your sponsor, and stay engaged. Other environments exist if this priority does not align.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 22 — Boundaries

Boundaries protect recovery and maintain order. This includes respecting curfew, quiet hours, personal space, and house expectations outlined in the Rules and Responsibilities.

If boundaries are crossed, address it directly, call your sponsor, and bring it to the weekly meeting. Boundaries are not optional—they are part of shared living.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 23 — Independent Living Skills

This house is training for independent living. Members are expected to manage responsibilities without reminders, including chores, communication, and adherence to structure.

If you do not know how to complete tasks, ask, learn, and follow through. If you need supervision, higher levels of care are available. This environment requires self-direction.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 24 — Effort & Consistency

Progress comes from consistent effort over time. Small daily actions—meetings, chores, communication—build stability and confidence.

Minimal effort produces minimal results. Increase effort, call your sponsor, and stay engaged. Outcomes follow behavior.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 25 — Community Health

The health of the house depends on each member’s participation and accountability. One person’s behavior affects everyone in a shared recovery environment.

If issues arise, address them early and directly. Protecting the community protects your own recovery. Ignoring problems leads to instability for everyone.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 26 — Consequences

Actions have consequences. Following rules leads to stability; ignoring them leads to escalation, including CTC, notice, or termination.

Take responsibility early. Waiting increases consequences. Structure exists to prevent repeated negative outcomes.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 27 — Growth Through Action

Recovery requires growth through action, not comfort. Discomfort is part of learning new behaviors and building stability.

Avoiding growth leads back to old patterns. Take action, call your sponsor, and engage in the process daily.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 28 — Commitment

Commitment is demonstrated through daily follow-through on rules, responsibilities, and recovery actions.

Partial commitment leads to partial results. Full participation leads to stability. Choose your level of commitment.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 29 — Consistency

Consistency builds trust, stability, and progress. Daily repetition of positive behaviors leads to long-term change.

Inconsistency leads back to instability. Stay consistent, even when it feels routine. That is how recovery is maintained.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 30 — Ownership

Take ownership of your actions, recovery, and environment. No one else is responsible for your progress.

If ownership is avoided, progress stops. Take action, follow through, and hold yourself accountable daily.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

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Day 31 — Moving Forward

The goal is stable, independent living. What you practice here carries forward into your future environment.

Use this opportunity fully. If not, patterns repeat. The choice remains yours each day.

If you are on CTC, you are responsible for knowing your CTC completion date and commitments. Write it daily. Review it daily. Follow through.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 32 — Cost, Structure & Responsibility

Recovery housing is not treatment—it is a lower-cost, peer-supported environment designed for independent living. SoberHomes operates at roughly \$21–\$29 per day. More structured programs like inpatient rehab (~\$1,000/day), Salvation Army or jail (~\$250/day) provide staffing and oversight. Lower-cost options like Ponderosa Motel (~\$80/day) or Nevada Cares Campus (\$0/day) offer less structure.

Below-market rent comes with responsibility. You are responsible for cleanliness, behavior, and safety. There is no charge nurse, security, or housekeeping unless you pay for it. If you are not willing to take responsibility, this environment will not work. Higher-cost programs provide oversight, and lower-barrier options reduce expectations—but this house requires accountability.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Daily Recovery & Accountability Log

Date: _____ Start Time: _____ End Time: _____

Meeting Facilitator/ Coordinator/ Secretary: _____

Day 33 — When Responsibility Shifts Back to Staff

When members do not follow the Rules and Responsibilities, responsibility shifts back to staff. This includes managing behavior, issuing CTCs, enforcing 10-day notices, coordinating move-outs, and stabilizing the house. These actions are necessary but represent a breakdown in the peer-led model.

Each time responsibility shifts away from the individual, cost increases—through turnover, vacancy, and additional oversight. This is not punishment; it is the reality of operations. If you are not willing to follow through on commitments, this environment will not work. Other options exist—but this house requires accountability.

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A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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Day 34 — Positively Not Okay — Safety

We understand that all of you are early in recovery. We understand cravings and struggle. This is a sober, drug-free home where safety is the priority for everyone.

Do not ever bring substances into this house. Not here—ever. The day you bring it here is the day you leave with what you can carry. Call 911 for illegal behavior or use. If you want to use, there are places for that—but not here.

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		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #			Assigned	Done (Y/N)
A11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A13		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A14		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
A32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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MEMBER SIGN-IN (Completed During Meeting)							STAFF / LEADERSHIP COMPLETES			
Bed	Name (If Present)	CTC		SPONSORSHIP			MEETINGS	TEST & RESULT	CHORES	
		Complete / Move-Out Date	Type (B/F)	Name	Contact Today? (Y/N)	Step #	Attended Today (Type/Name)	Breath or Urine (B/U) (Neg/Pos)	Assigned	Done (Y/N)
B11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B31		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B32		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B41		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
B42		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
C2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D11		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D12		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D21		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
D22		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E1		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N
E2		/	<input type="checkbox"/> B <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> B <input type="checkbox"/> U <input type="checkbox"/> Neg <input type="checkbox"/> Pos		<input type="checkbox"/> Y <input type="checkbox"/> N

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