



Albany County CST Program

Application for Phase Movement



Application must be turned in to the Case Manager a minimum of one week prior to the requested phase date

Name: _____ **Date Requesting Phase:** _____ **Phase requesting movement into** _____

Participant must initial their acknowledgement of completing each category before having treatment provider, probation agent, and case manager circle yes or no and initial /date applicable categories. Attach appropriate documents if required.

Treatment

Yes No _____ 1. Treatment criteria satisfactorily completed.
Staff Initial & Date Participant Initials

Yes No _____ 2. Phase case plan fulfilled.
Staff Initial & Date Participant Initials

Yes No _____ 3. New phase case plan created.
Staff Initial & Date Participant Initials

Current number of individual sessions/ week: 1 2 3 4 5 6 7	Current IOP/Group days/ week: M T W TH F
Recommended number of individual sessions/ week in new phase: 1 2 3 4 5 6 7	Recommended IOP/ Group days/week in new phase: M T W TH F

Supervision

Yes No _____ 4. Supervision criteria adequately fulfilled.
Staff Initial & Date Participant Initials

Yes No _____ 5. Gainfully employed (30-40hrs), attending school (full-time), and/or a combination of work or school totaling 30-40 hrs, and/or engaged in 30-40 hrs of court/team approved significant & productive activities weekly (details may be required).
Staff Initial & Date Participant Initials

Yes No _____ 6. All mandatory and/or assigned sanctioned community service completed (if applicable).
Staff Initial & Date Participant Initials

Yes No _____ 7. Phase case plan fulfilled.
Staff Initial & Date Participant Initials

Yes No _____ 8. New phase case plan created.
Staff Initial & Date Participant Initials

Yes No _____ 9. Have made regular monthly payments towards restitution/fines.
Staff Initial & Date Participant Initials

Case Manager

Yes No _____ 10. Weekly documented attendance at self-help groups up-to-date.
Staff Initial & Date Participant Initials

Yes No _____ 11. Current with participation fees.
Staff Initial & Date Participant Initials

Yes No _____ 12. Have met minimum number of phase week requirement.
Staff Initial & Date Participant Initials

Yes No _____ 13. Have met minimum requirement for length of sobriety.
Staff Initial & Date Participant Initials

Yes No _____ 14. All mandatory program community service completed (if applicable).
Staff Initial & Date Participant Initials

Yes No _____ 15. Phase case plan fulfilled.
Staff Initial & Date Participant Initials

Yes No _____ 16. New phase case plan created & full phase case plan attached.
Staff Initial & Date Participant Initials

Date application received _____

APPROVED _____ **DENIED** _____ **DATE** _____