



Telephone Recovery Support (TRS) Consent

Please Print Clearly

Name: _____ Date of Birth: ____/____/____

Address (optional): _____ Zip Code: _____

Phone: _____ Email: _____

Referred by: _____

TRS calls are made between 9:00 AM & 5:00 PM, Monday through Friday and Thursday evenings.

Please Circle the Day and Time below for your weekly scheduled call:

Monday / Tuesday / Wednesday / Thursday / Friday

9:00-10:00AM 10:00-11:00AM 11:00-12:00PM 12:00-1:00PM 1:00-2:00PM

2:00-3:00PM 3:00-4:00PM 4:00-5:00PM

THURSDAY EVENING 5:00PM to 8:00 PM

If you DO NOT want a voice message left on answering machine – please check here

Return this completed and signed form to USARA:

- Scan/Email it to: info@myusara.com
- Mail or Deliver in person to: 180 East 2100 South, Suite 100, SLC, UT 84115
- Fax to: (801) 590-6556

I understand and agree to the following:

- The TRS call I receive is for non-clinical recovery support and is not a crisis hotline.
- USARA and TRS Volunteers will keep all my personal information CONFIDENTIAL.
- I grant permission for a TRS Volunteer from USARA to call me weekly at the provided phone number listed above.
- I grant permission for a TRS Volunteer from USARA to contact me as necessary for support via the email address listed above.
- At the time of my scheduled call, or at any other time, if I am in need of further clinical help for substance use and/or mental health treatment services I may ask to be assisted with information about the process to find the appropriate resources.
- At any time I may choose to discontinue the USARA TRS weekly contact by contacting USARA at (385) 210-0320, or sending an email to info@myusara.com.

Signature of TRS Participant

Date