PRN Quarterly Sponsor Report

Attn: Sponsor. This report is completely confidential. You may submit the report directly to PRN at the address or fax listed below or you may give the report to your sponsee who can submit it with his/her quarterly self progress report.

This report is for the months/year of: ___________________ ___________________ ___________________

Sponsee Name _____________________________________________________________________

Sponsor Name (Print—First Name, First Initial of Last Name) _____________________________________

Home Phone____________________   Cell________________________________

Email______________________________________________________________

Please answer the following questions (To be completed by Sponsor):

How long have you been in recovery? ____________________________________________

How long have you been sponsoring PRN participant? _______________________________

How often does sponsee contact you? _____________________________________________

Is this contact primarily by phone or in person? _______________________________________

What step is your sponsee currently working? ________________________________________

Have you recently noticed any red flags that may affect your sponsee’s current sobriety?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Do you currently have any concerns about your sponsee’s current sobriety?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signature_________________________________ Print Name _____________________________ Date_______________

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