

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 _____