



Application for Phase Advancement

I have abstained from mood altering chemicals for _____ days (please attach documentation).

I am in compliance with my treatment plan (please attach letter from treatment providers).

I am in good standing with my probation officer.

I am engaged in all programs recommended by the veteran's administration.

I have had my benefits status reviewed by the veteran's services office and am pursuing their recommended course of action.

I am prepared to meet the demands of the next phase because:

Date:

Signature: _____

Case #:

Printed Name: _____