

## SELF HELP GROUP ATTENDANCE

Client Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Please see Case Manager for Office Fax Information

Type of Meeting (Please circle) AA CA NA OTHER \_\_\_\_\_

Verification of attendance: Please have the meeting secretary sign the appropriate boxes.

Meeting Name and Location	Date	Secretary's Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

*\*It is the client's responsibility to return completed form to the case manager each week.*

**Alcoholics Anonymous:**

(602) 264-1341 or [www.aaphoenix.org](http://www.aaphoenix.org)

**Smart Recovery:**

(602) 393-2688 or [www.smartrecovery.org](http://www.smartrecovery.org)

**Cocaine Anonymous:**

(602) 279-3838, (800) 602-3984  
or [www.caarizona.com](http://www.caarizona.com)

**Celebrate Recovery:**

[www.celebraterecovery.com](http://www.celebraterecovery.com)  
Scottsdale: (480) 946-6486  
Gilbert: (480) 545-1111  
Mesa: (480) 464-3964  
Chandler: (480) 963-3997

**Crystal-Meth Anonymous:**

[www.crystalmeth.org](http://www.crystalmeth.org)

**Crisis Hotline:**

(602) 222-9444

**Narcotics Anonymous:**

(480) 897-4636 or [www.arizona-na.org](http://www.arizona-na.org)

Healthy People. Healthy Communities. [Healthy World.](#)