



NEW PROCOVERY CIRCLE REQUEST FORM

Please fill out one form for each Procovery Circle!
Hand in at facilitator meeting or fax to 323-927-1597

Primary facilitator name: _____

Phone: _____ Email: _____

Procovery Circle location (be as specific as possible including address):

Organizational affiliation (if any): _____

Starting date (may be approximate): _____

Additional facilitator(s): _____

When will Circle meet? Day (e.g., Thursdays) _____ Time _____

<p>Circle is for (check all that apply):</p> <ul style="list-style-type: none"><input type="checkbox"/> Clients<input type="checkbox"/> Family<input type="checkbox"/> Staff<input type="checkbox"/> Other _____	<p>Is Circle open to public?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes, open to public<input type="checkbox"/> No, restricted to _____ _____ (residents, organization's members or clients, etc.)
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Any special focus or limitation? (for example—men's group, addictions, particular diagnosis, faith, transitional youth, etc.):

Procovery Institute approval: _____ Notes: _____