



SPONSOR REPORT

Client Name: _____

Monthly/Quarterly Report from: _____ to _____
Mo/day/yr Mo/day/yr

What step is your sponsee working? _____
Any comments?

How often has your sponsee contacted you since your last report? _____

Do you feel your sponsee is attending enough meetings? Yes No
Why or why not?

Is there any information you feel we need to know that would be useful in assisting this person in their recovery?

Please indicate at least one preferred method for us to contact you:

Phone Mail E-Mail

Signature: _____ Date: _____

Sponsor's First Name: _____ Last Name/Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail: _____

Mail or Fax Original To:

Metro Denver, Northern and Southern:

Western Slope NURSE Clients Only:

Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231
Phone: 303.369.0039 or 866.369.0039
Fax: 720.213.1007 or 720.213.0002

Peer Assistance Services, Inc.
200 Grand Avenue, Suite 260
Grand Junction, CO 81501
Phone: 970.986.4360
Fax: 970.241.9094