

The Curriculum

Twelve Modules over 6 Weeks

- Attitude: Take Your Pick
- Behavior: Practice makes Perfect
- Personal Responsibility: You're in Charge
- Personality Traits: Take an Inventory
- Tactics for Change: Breaking the Cycle
- Support System: You're not Alone
- Communication: Say What?
- People Skills: Know Who's Who
- Work Skills: Plan to Succeed
- Cops and Robbers: Who's the Enemy?
- Addictions: You Name it
- Personal Purpose: Why am I Here?



**Join us...
it's all good!**



Where do I go from here?

Proceed to the Soul Café

Soul Café

**1211 East Cherry Street
Springfield, Missouri 65802
417-987-4990 or 887-7228**

*Next to Domino's Pizza
At the corner of National*

Additional parking is provided only in the middle rows of the parking lot between the Brown Derby and Glo Dry Cleaners. If you park right in front of any of those buildings, you risk being towed.

*Joint Effort for a
Healthy Community*



Where do I go from here?

Life Quest

6 Weeks

12 Life Studies

**Ongoing Support
to Succeed**

**Counseling and
Case Management
Available**



Confidential Referral & Report

Life Quest
Recovery Chapel's Soul Café
1211 E. Cherry St. Springfield, MO 65802
(417) 987-4990 fax: (417) 865-1997

Underemployment and relapse are strong predictors for recidivism. Life Quest is a post-aftercare/post-treatment initiative that addresses comprehensive sustainability issues over a 8-week period of individual case management and twice-weekly group sessions. Officials referring from public agencies will receive reports on the client. Both day and evening sessions are available at our Soul Café location and we can help with transportation in many cases. Please **fax referrals to 865-1997**. **The client should initiate contact with us by calling 987-4990** and asking for our Enrollment Coordinator Monday-Friday 11AM to 5PM. Please call 887-7228 for program questions.

PARTICIPANT INFO Participant's Name: _____ DOB: _____

Participant's Phone: _____ Alt.Phone: _____

REFERRING AGENCY INFO Agency: _____ Person: _____ Referral Date: _____

Phone: _____ x. _____ Email: _____

AGREEMENT The undersigned Participant agrees to contact the Enrollment Coordinator at the Soul Café and complete their 8 week Life Quest program. Undersigned gives permission to have their case discussed between Life Quest personnel and the Referring Agency.

Participant Signature

Printed Name

REPORT BACK TO REFERRAL SOURCE

Participant first participated on _____ (date). Participant (WAS/WAS NOT) eligible for enrollment in the Access to Recovery program that provides ongoing support.

Participant COMPLETED/DID NOT COMPLETE the 8 week program. Level of Participation: POOR FAIR GOOD XLNT

Participant was SUCCESSFUL/UNSUCCESSFUL in securing employment at least once during the 8 week program.

Participant's sustainability barriers: _____

This Report prepared by: _____ Phone: _____