## MY GAMBLING ABSTINENCE RECOVERY PLAN

Name: \_\_\_\_\_\_ ID #:\_\_\_\_\_

	Date
My plan for recovery from gambling is <b>ab</b> gambling problem I will need to stop gam	stinence. This means that I feel in order to recover from my bling completely.
I find the following things trigger urges fo	r me to gamble.
	4
2.	
3.	
I can cope with or manage urges to gamb	
1	4
2	
3	
If I find myself driving to the casino or oth	ner gambling venues I can go to the following places instead.
1	
2.	
3.	
If I find myself having urges to gamble I ca	an call the following people to talk
	Clinician Phone
	Contact Phone
	Contact Phone
	Contact Phone

Problem Gambling Help Line – (888) 789-777

Problem Gambling Chat Room - http://www.ccpg.org/
National Gambling Chat and Forums - http://www.gamtalk.org

GA Help Line – 1-855-222-5542

GA Phone Meeting – Call (712) 770-4160 enter 611704# when prompted

(meets Wednesdays at 9:00 PM EST)

	To Whom?	When?	
/	Add a trusted family member to my ch	ecking account and require two signatures to withdraw	
	Who?	When?	
/	Schedule direct deposit of my paycheck to my bank account		
	When?		
/	Limit the amount of money I can withdraw in a week (arrange with bank)		
	When?		
/			
/	Meet with peer counselor or other financial counselor		
	When?		
,			
	When?	·	
,			
,	The state of the s		
<b>/</b>	Call credit card companies and request a hold placed on further withdrawals		
	When?		
/	Exclude myself from the casino		
	When?		
/	Remove access to ATM usage and/or o	other financial transaction methods on the casino floor	
	When?		
/	Other		
		mblers Anonymous (GA) meetings as part of my recovere	
Δr	envision the following things for my futur	e as I recover from my gambling problem.	

I intend to keep my money safe and protect my finances by doing the following.