

Feedback Form

As you leave the ASAP Program please provide us your feedback regarding our program. Your feedback will allow us to maintain our effectiveness and improve where needed:

Client: ASAP has helped me with strategies
on continuing my sobriety. It taught me
methods on how to deal with cravings
for my substances of choice. Without
ASAP I would not be where I am
in life with my sobriety, as well
as my relations with my family.

Parent: Thank you for all the work that
you did with [REDACTED] and our family.
This program has helped our family
to communicate better. Thank you
to all the counselors that helped
[REDACTED] and gave him the tools
that he needed to make changes
in his life.