

State of Minnesota  
**Health Professionals Services Program**  
1380 Energy Lane, Suite 202, St. Paul, MN 55105 – Phone: 651-642-0487 – Fax: 651-643-2163

---

## Mutual Support Group Sponsor Report Form

***YOUR SPONSOR COMPLETES AND RETURNS THIS FORM TO HPSP***

**NOTICE**

- You are required to document your attendance at mutual support group meetings and to have regular contact with your sponsor.
- You may document your mutual support group attendance by having your sponsor complete and return this form to HPSP at the end of each quarter **OR** by having someone sign a Mutual Support Group Attendance Form at each meeting you attend and returning it to HPSP at the end of each quarter, unless your case manager is requiring both.
- **Reports are due by January 15<sup>th</sup>, April 15<sup>th</sup>, July 15<sup>th</sup> and October 15<sup>th</sup> of each year.**

**PARTICIPANT - PRINT Name:** \_\_\_\_\_

**SPONSOR COMPLETES ↓**

<b>SPONSOR</b> signature or initials:	<b>DATE:</b>
Meeting location:	
Number of meetings attended together over last quarter:	
To the best of my knowledge, participant attends #_____ meetings per week	
To the best of my knowledge, participant has maintained sobriety: Yes <input type="checkbox"/> NO <input type="checkbox"/>	
Additional comments:	

***Please return completed form to: HPSP • 1380 Energy Lane • Suite 202 • Saint Paul, MN 55108  
or Fax to 651-643-2163***