



**Lost Dreams Awakening (LDA)**  
**Recovery Community Organization (RCO)**  
**408 8<sup>TH</sup> St. Rear Suite, New Kensington, PA 15068**

**Phone:** 724-594-7903 **Email:** [awakeninglostdreams@yahoo.com](mailto:awakeninglostdreams@yahoo.com) **Web:** [www.recoverysupportservices.net](http://www.recoverysupportservices.net)

## **Training: Family Recovery Pathways & Mutual Aid**

**This LDA training is one in a series offered by LDA: “Building Family Recovery Capital Series”**

Lost Dreams Awakening has developed a Family Recovery Training Series entitled: “Building Family Recovery Capital”. **Family Recovery Pathways & Mutual Aid** training takes a deep look into the dynamics of various Recovery Pathways and Mutual Aid supports available to the Family seeking recovery for themselves, while supporting a loved one with Substance Use Disorder. This training equips participants to immediately share training information with others.

**DATE: APRIL 18, 2020**

**TIME: 9:00 AM – 4:00 PM**

**LOCATION: LDA @ 408 8<sup>th</sup> St., Rear, New Kensington, PA 15068 (Free parking in the rear)**

**TRAINING FEE: \$20**

**This training is open to every person** interested in learning about the Pathways “to” and the Pathways “of” Family Recovery and Mutual Aid available to SUD families. This training is beneficial to those seeking the PCB CFRS Certification, Clinicians, Recovery Support Specialist, Recovery Coaches, and all who want to learn how to help families Build Family Recovery Capital. Registration is limited to 40 participants. Registration can be done online at: [www.recoverysupportservices.net](http://www.recoverysupportservices.net) or by Email at: [awakeninglostdreams@yahoo.com](mailto:awakeninglostdreams@yahoo.com).

**A Training Certificate will be issued to all participants who complete the entire six (6) hours of the training.**

### **TRAINING REGISTRATION INFORMATION (fill out below):**

**NAME** (as you wish to appear on training certificate): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**PAYMENT DETAILS:** \_\_\_\_\_

**SPECIAL REQUEST:** \_\_\_\_\_