

## Family Treatment Court 2<sup>nd</sup> Milestone

When you have completed this Milestone, you will receive the

### Commitment to Recovery Certificate

Your Name \_\_\_\_\_

Date \_\_\_\_\_

Your DSS Caseworker's Name \_\_\_\_\_

Parent's Initials	TASKS	DSS Caseworker's Initials
	<p><b>Your Child(ren):</b></p> <ul style="list-style-type: none"> <li>• I am following the parenting plan that is in place with my child(ren).</li> <li>• What activities are you attending with your child(ren) (Dr appointments, school events, sporting events, parent-teacher conferences, etc.): _____ _____</li> <li>• What are some next steps with your child(ren)'s providers: _____ _____</li> <li>• Have you had good interactions with the resource family (if it applies)? Y/N. Please explain: _____ _____</li> </ul>	
	<p><b>Meeting with your caseworker:</b></p> <ul style="list-style-type: none"> <li>• I am meeting with my Caseworker weekly.</li> <li>• I am participating in or signed up for (if applies) <u>start date</u>:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Psycho-social Evaluation: _____</li> <li><input type="checkbox"/> SafeCare and nurse working with: _____</li> <li><input type="checkbox"/> Child/Parent Psychotherapy (CPP): _____</li> <li><input type="checkbox"/> Strengthening Families: _____</li> <li><input type="checkbox"/> Parenting Class and what program: _____</li> <li><input type="checkbox"/> Mental health counseling: _____</li> <li><input type="checkbox"/> Child Development Council: _____</li> <li><input type="checkbox"/> List any other community resources working with: _____ _____</li> </ul> </li> <li>• My Caseworker and I have talked about family and friends who could care for my child(ren) as an additional support. _____ _____</li> <li>• I have active health insurance and benefits in place for myself and child(ren) if needed.</li> </ul>	

Parent's Initials	TASKS	DSS Caseworker's Initials
	<b>FTC:</b> <ul style="list-style-type: none"> <li>I am attending all court sessions unless excused.</li> <li>I am reporting when my color is called.</li> <li>I have participated in a self-help at least once in the past two weeks and provided a journal to the Coordinator.</li> </ul>	
	<b>Substance Use Treatment:</b> <ul style="list-style-type: none"> <li>I am attending treatment and my primary counselor is: _____</li> <li>My current schedule is for individuals and groups: _____ _____</li> </ul>	
	<b>Other Services:</b> <ul style="list-style-type: none"> <li>I have met with a Peer Recovery Support Specialist.</li> <li>I am working with the Advocacy Center (if recommended).</li> <li>I have completed the intake for the EMERGE program (if recommended).</li> <li>I have started my <u>Taking Care of Me Milestone</u> with the Coordinator.</li> </ul>	
	<b>Housing:</b> <ul style="list-style-type: none"> <li><u>Safe and secured</u> housing? <ul style="list-style-type: none"> <li><input type="checkbox"/> [YES] how is your housing funded (wages, section-8, TA, etc.) along with next recertification date (if applies): _____ _____</li> <li><input type="checkbox"/> [NO] what are the next steps: _____ _____</li> <li><input type="checkbox"/> mortgage/rent payment and status? _____</li> </ul> </li> <li>I have my social security card and birth certificate in my possession (and if not, I will be taking the steps to get them).</li> </ul>	
<b>WRITTEN QUESTIONS</b>		
	Please write your answers on a <u>separate sheet of paper</u> <ul style="list-style-type: none"> <li><i>What do you feel your strengths are as parent?</i></li> <li><i>What supports do you feel you need to improve your parenting skills?</i></li> </ul>	

Reviewed by FTC Coordinator on: \_\_\_\_\_ Approved by FTC on: \_\_\_\_\_