

Family Treatment Court 1st Milestone

When you have completed this Milestone, you will receive the

Engagement Certificate

Your Name _____

Date _____

Your DSS Caseworker's Name _____

Parent's Initials	TASKS	DSS Caseworker's Initials
	<p>Your Child(ren):</p> <ul style="list-style-type: none"> • Tell us about your child(ren). Strengths? Needs? Goals? Be as specific as possible. 	
	<p>Meeting with your Caseworker:</p> <ul style="list-style-type: none"> • I have met with my caseworker during office hours for the past two weeks. <ul style="list-style-type: none"> - We are talking about my parenting time. - We have reviewed my DSS service plan and I have signed releases as requested. - We have talked about how I communicate with the resource family (relative or foster parents) (if this applies). - We have talked about my living arrangements and transportation. 	<p>Circle referrals completed: Psychosocial SafeCare CPP SF Parenting CDC Other: _____</p>
	<p>FTC:</p> <ul style="list-style-type: none"> • I completed the FTC Orientation. • I have attended the past two weeks of court sessions. • I am calling daily for my color and reporting to FTC. 	
	<p>Substance Use Treatment:</p> <ul style="list-style-type: none"> • I have completed my evaluation. • I have started attending treatment. 	

Reviewed by FTC Coordinator on: _____ Approved by FTC on: _____