

### Family Treatment Court 3<sup>rd</sup> Milestone

When you have completed this Milestone, you will receive the:

#### Strengthening Myself and My Family Certificate

(Independent Parenting Time)

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 consistently attending parenting time with my child(ren).</li> <li>• What goals have you been working on during your supported parenting time? _____</li> <li>• The most recent medical appointment I attended with my child(ren) was: _____ _____</li> <li>• The most recent contact I had with my child(ren)'s school and/or daycare was (if it applies): _____</li> <li>• The most recent contact I had with my child(ren)'s counselor was (if it applies): _____</li> <li>• The most recent early intervention meeting and/or service I attended was (if it applies): _____</li> <li>• <i>What goals are being achieved with your child(ren)'s providers?</i> _____ _____ _____</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>• My partner (if I have one) is meeting with my Caseworker and has been approved to assist with caring for my child(ren). _____</li> <li>• I have completed a safety review of my home with my Caseworker. The following people have been approved to be in my home and to assist with caring for my child(ren) (family and friends identified in Milestone 2): _____ _____</li> </ul>	
	<p><b>Parenting:</b></p> <ul style="list-style-type: none"> <li>• I am consistently participating in or have completed: <ul style="list-style-type: none"> <li><input type="checkbox"/> SafeCare (include Nurse's name): _____</li> <li><input type="checkbox"/> CPP (include Therapist's name): _____</li> <li><input type="checkbox"/> Strengthening Families: _____</li> <li><input type="checkbox"/> Parenting Class (what program): _____</li> <li><input type="checkbox"/> Child Development Council (include Family Specialist Name): _____</li> <li><input type="checkbox"/> List any other community resources that you are working with: _____ _____</li> </ul> </li> </ul> <p style="text-align: center;"><i>For each of the programs you have been involved with, share with the Team what you have learned on a separate piece of paper.</i></p>	
	<p><b>Housing:</b></p> <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.) When is your next recertification date (if applies)? _____</li> <li><input type="checkbox"/> [NO] what are your next steps: _____</li> <li><input type="checkbox"/> mortgage/rent payment and status? _____</li> </ul> </li> </ul>	

Parent's Initials	TASKS	DSS Caseworker's Initials
	<p><b>FTC:</b></p> <ul style="list-style-type: none"> <li>I am attending all court sessions unless excused.</li> <li>I am reporting consistently when my color is called without any substances detected.</li> <li>I am participating in self-helps and providing journals to the Coordinator consistently.</li> </ul>	
	<p><b>Substance Use Treatment:</b></p> <ul style="list-style-type: none"> <li>I am consistently attending scheduled sessions and following my treatment plan.</li> </ul> <p><i>Please share with the Team the most important things you have learned from substance use treatment on a separate piece of paper.</i></p>	
	<p><b>Other Services:</b></p> <ul style="list-style-type: none"> <li>I am actively engaged with MH services (if recommended).</li> <li>I am actively engaged with the Advocacy Center (if recommended).</li> <li>I am consistently participating in the EMERGE program (if recommended).</li> <li>I have reviewed my <u>Taking Care of Me Milestone</u> with the Coordinator and have completed at least ½ of the requirements.</li> <li>I have completed my Psychosocial and I am following the recommendations.</li> </ul>	
	<p><b>Supports:</b></p> <ul style="list-style-type: none"> <li>What Self-Helps in the community do you find beneficial? _____</li> <li><i>Attach a written statement identifying 1 person who supports you in your recovery and describe how they support you (not a family member or counselor)</i></li> </ul>	
	<p><b>Employment/Training/School Activities:</b></p> <ul style="list-style-type: none"> <li>I have my social security card and birth certificate in my possession.</li> <li><i>I have discussed and <u>attached</u> my short and long-term employment, job training, and/or education goals.</i></li> <li>I have reached out to community resources to discuss and implement my short-term goals such as: _____</li> </ul>	
	<b>WRITTEN QUESTIONS</b>	
	<p>Please write your answers on a <u>separate sheet of paper</u></p> <ul style="list-style-type: none"> <li><i>What steps have you taken to ensure safety around you and your family?</i></li> <li><i>Describe high risk situations including locations and/or people (use initials) that could make it hard for you to remain in recovery. Please share how this has been included in your relapse prevention plan.</i></li> </ul>	

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

Approved by FTC on: \_\_\_\_\_