

Family Treatment Court Milestone

When you have completed this Milestone, you will earn the
Re-Commitment to Recovery Certificate

Your Name _____

Date _____

Your DSS Caseworker's Name _____

Parent's Initials	TASKS	DSS Caseworker's Initials
	<p>Your Children:</p> <ul style="list-style-type: none"> • I am consistently attending parenting time with my child(ren) and following the safety plan (if I have one) with no safety or risk concerns. • <i>When you are parenting, what would your child(ren) say about you living a life of recovery? Answer on a separate piece of paper.</i> 	
	<p>Child Welfare:</p> <ul style="list-style-type: none"> • I am meeting with my Caseworker weekly. • I have completed a safety review of my home while discussing if my housing contributed to my lapse/relapse with my Caseworker. 	
	<p>Parenting:</p> <ul style="list-style-type: none"> • I have recommitted to participate in, and the next session is on (if applies): <ul style="list-style-type: none"> <input type="checkbox"/> SafeCare: _____ <input type="checkbox"/> CPP: _____ <input type="checkbox"/> Strengthening Families: _____ <input type="checkbox"/> Parenting Class: _____ <input type="checkbox"/> Child Development Council: _____ <input type="checkbox"/> List any other community resources working with: _____ 	
	<p>FTC:</p> <ul style="list-style-type: none"> • I am attending all court sessions, unless excused. • I am reporting as requested with no detection of substances for two consecutive weeks. 	
	<p>Substance Use Treatment:</p> <ul style="list-style-type: none"> • I am following treatment recommendations and consistently attending scheduled sessions again. • I have processed my lapse/relapse with my Primary Treatment Provider and completed the <u>Relapse Review</u>. 	

Parent's Initials	TASKS	DSS Caseworker's Initials
	<p>Other Services:</p> <ul style="list-style-type: none"> • I have followed-up with my Primary Care Physician (if recommended). • I have recommitted and am fully engaged with MH services (if recommended). • I have recommitted with the Advocacy Center (if recommended). • I have recommitted and am fully engaged with the EMERGE program (if recommended). 	
	<p>Supports:</p> <ul style="list-style-type: none"> • I have met with a Peer Recovery Support Specialist. _____ • <i>What self-helps within the community have you attended within the past two weeks?</i> _____ 	
	<p>WRITTEN QUESTIONS</p>	
	<p>Please write your answers on a <u>separate sheet of paper</u>:</p> <ul style="list-style-type: none"> • <i>What supports (use initials) did you process your lapse/relapse with? How did they encourage you to get back on track?</i> • <i>What do you feel the team is noticing is different about you now that you have recommitted yourself to recovery?</i> 	

Reviewed by FTC Coordinator on _____

Approved by FTC on _____