

Family Treatment Court 4th Milestone

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

Return Home 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"> • Overnight Parenting Time has been consistent with no safety or risk concerns. • My child's primary care Dr/Specialist is and the most recent contact I have had with them is: _____ • My child's teacher/daycare provider is and the most recent contact I have had with them is: _____ • My child's therapist name is and the last session we had together was (if this applies): _____ • I am attending Early Intervention meetings for my child(ren) and participating in the following services (if this applies): _____ • <i>Share how you support your child(ren) when they are struggling with challenging behaviors on a separate piece of paper.</i> | |
| | <p>Meeting with your Caseworker:</p> <ul style="list-style-type: none"> • I am meeting with my Caseworker weekly. • I have talked to my TA caseworker to understand my possible workfare requirements to maintain my Temporary Assistance (if this applies to you). • My partner (if I have one) is participating in recommended services. • <i>Please share with the team your plan to utilize your approved supports for respite need for a break/assistance on a separate piece of paper.</i> • <i>Attach the completed Return Home Plan.</i> | |
| | <p>Parenting:</p> <ul style="list-style-type: none"> • I have completed: <ul style="list-style-type: none"> <input type="checkbox"/> SafeCare: _____ <input type="checkbox"/> CPP: _____ <input type="checkbox"/> Strengthening Families: _____ <input type="checkbox"/> Parenting Class: _____ • Continued Supports: <ul style="list-style-type: none"> <input type="checkbox"/> Child Development Council: _____ <input type="checkbox"/> List any other community resources you are working with: _____ <p><i>For each of the programs you have been involved in, share with the Team how you are applying the skills you learned in your daily routine on a separate piece of paper.</i></p> | |
| | <p>Housing:</p> <ul style="list-style-type: none"> • My caseworker has visited my home within the last 30 days and found no risk or safety concerns. | |

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| | <p>FTC:</p> <ul style="list-style-type: none"> I am attending all court sessions unless excused. I am reporting consistently when my color is called without any substances detected. I am participating in self-helps and providing journals to the Coordinator consistently. | |
| | <p>Substance Use Treatment:</p> <ul style="list-style-type: none"> I have completed outpatient substance use treatment or have the following goals to accomplish on my treatment plan: _____ <i>Provide a copy of the current relapse prevention plan you have created with your primary treatment provider.</i> | |
| | <p>Other Services:</p> <ul style="list-style-type: none"> I am consistently attending MH services if recommended. <i>Please share with the Team what you have learned while working with your Advocate at the Advocacy Center and how you are applying it (if applies) on a separate piece of paper.</i> <i>Please share with the Team what you have learned from the EMERGE group and how you are applying this in your everyday life (if applies) on a separate piece of paper.</i> I have completed all the requirements for my <u>Taking Care of Me Milestone</u>. | |
| | <p>Supports:</p> <ul style="list-style-type: none"> <i>Please share with the Team your plan to continue to attend self-helps when your child(ren) are returned home.</i> <i>Please share with the Team your thoughts and ideas how the Treatment Court Alumni could be supportive to you and your family.</i> | |
| | <p>Employment/Training/School Activities:</p> <ul style="list-style-type: none"> <i>Please share with the Team what short term goals you have accomplished thus far and what your next steps are to accomplish your long-term goals for employment, job training, and/or education.</i> | |
| | WRITTEN QUESTIONS | |
| | <p>Reflective Questions – Please write your answers on a separate sheet</p> <ul style="list-style-type: none"> <i>Write your story on how you progressed within FTC as if you were talking to a newcomer entering FTC. Identify the key turning points that empowered you to live a life of recovery ensuring the safety of your child(ren).</i> | |

Reviewed by FTC Coordinator on: _____

Approved by FTC on: _____