

Family Treatment Court Milestone

When you have completed this Milestone, you will earn the

Taking Care of Me Certificate

Your Name _____

Your DSS Caseworker's Name _____

Your Initials	TASKS	Coordinator
	<p>Physical Health</p> <ul style="list-style-type: none"> • My primary care doctor is: _____ • My last appointment was: _____ My last physical was: _____ • Have you told your doctor that you are in recovery? _____ If not, please explain? _____ • I am following up with Specialist (if applicable) and have talked to my Team about my distinct medical needs. 	
	<p>Mental Health</p> <ul style="list-style-type: none"> • I have completed my psychosocial evaluation. • I am following the recommendations from the psychosocial evaluation. • I am attending mental health counseling (is applicable) and my primary counselor is: _____ 	
	<p>Medication</p> <ul style="list-style-type: none"> • I provide consistent updates for my approved medication(s) to the Coordinator. • I am compliant with my medication management by taking it as prescribed and having it refilled appropriately. 	
	<p>Dental Health</p> <ul style="list-style-type: none"> • My dentist is: _____ • My last dentist appointment was: _____ • I have completed all the dental work that has been recommended by my dentist. If not, here is my plan to complete it: _____ _____ 	
	<p>Family Planning</p> <ul style="list-style-type: none"> • Do I want to have more children? _____ If so, when? _____ • If not, what am I doing to prevent this? _____ _____ • How would an unplanned pregnancy affect my life right now? _____ _____ _____ 	

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	<p>Spiritual Health</p> <ul style="list-style-type: none"> • <i>To whom do you turn to for support?</i> _____ _____ • <i>What self helps do you find beneficial to support your recovery?</i> _____ _____ • <i>Are you apart of a spiritual community (if desired):</i> _____ 	
	<p>Communicable Diseases</p> <ul style="list-style-type: none"> • I have had recent testing done for communicable diseases and know the results. Testing was completed at: _____ 	
	<p>Health Goals</p> <ul style="list-style-type: none"> • <i>What do you want different about your current health?</i> • <i>What will you be doing different when this happens?</i> • <i>What is the next small thing you can do to accomplish your current health goal?</i> 	

Approved by FTC on: _____