

Family Treatment Court: Steppin' Up to Three



Applications must be turned in to the Program Coordinator (564-397-2304) by close of business on Friday in order for the team to review in advance of Monday court to determine eligibility. If you meet criteria, you will Step Up in court!

Name: _____

Date Turned In: _____

Current Address: _____

Contact Phone: _____

Email: _____

Is this an Oxford House: Y or N

Drug Court/Faith Based House: Y or N

I meet the following Criteria to Step Up: (place an "X" if you have completed these with the answers)

- I have been participating in Step 2 in FTC for **60** days. The date I went to Step 2: _____
- I have at least **30 days** of submitting all negative drug tests when my color has been called. My personal clean date is: _____ FTC is using this date: _____
- I have attended another team meeting to review my progress with my family case plan goals (Please attach a copy of your most updated case plan)

DCYF Social Worker verification signature: _____

- I have **14 days program compliance** (no unexcused absences or violations) (you can contact the Treatment Court office for the date of your last violation if you do not know what it is: 564-397-2304)
- I have completed my neuropsych testing at Children's Center and attended feedback session.
- I have identified some support groups to help with my family's long-term recovery goals I have attended the following support groups: _____

- To the best of my knowledge, I do not have any outstanding legal matters/cases/warrants in any other jurisdiction other than some financial obligations OR I know I have outstanding legal matters and this is my plan to take care of that:
Please list the jurisdiction (where) / the type of case/reason and your timeframe and plan to resolve it.

- If applicable**, I am in good standing with any other probation / court orders (DOC/District Court Probation)

Probation Verification signature _____

List of any other conditions outside of Family Treatment Court:

****Other Information we would like to know about you, but are *NOT* requirements you need to have in order to Step Up ****

Employed: Y or N If yes, when did you start working? _____

Company Name: _____

Typical work schedule/hours: _____

*** and/or ***

Enrolled in School: Y or N If yes, where? _____

What are you going to school for? _____

Days / Times of Classes: _____

*** and/or ***

Volunteering If yes, where & how many hours each week? _____

*** and/or ***

Other source of financial support: _____

Do you have a valid Driver's License: Y or N

If no, what would it take to get one; and what is your main mode of transportation? _____

(visit www.dol.wa.gov)

Do you have a mentor/sponsor/recovery support person you regularly reach out to? Y or N

If no, are you interested in getting one? Y or N

Describe two things you have learned about yourself and your child(ren) while in FTC and how you will apply that new info/skills into your life. _____

Describe an obstacle you have overcome while in FTC and the steps you took or are taking to remove this challenge.

Please list all of the classes, therapy and/or services that you feel have helped you and your family?

Any comments/suggestions/changes you would make to the team/program?

Signature of Parent

Date

TSC Staff

Date

Family Treatment Court Needs Assessment



Name _____ Date _____

While participating in the Family Treatment Court Program, I would like to address the following needs for my family: (please check **all** the needs you have NOW under the “still need help with”, and then check what you’ve completed under “Done” with at each team meeting or prior to graduation)

Transportation

DONE **STILL NEED HELP WITH**

- Transportation
- Obtaining Driver’s License
- Ignition Interlock
- DOL hearing (habitual offender status)
- Fines in Collections

Employment

DONE **STILL NEED HELP WITH**

- Employment/Resume/Job search/Interview skills/interview clothing

Housing

DONE **STILL NEED HELP WITH**

- Clean and sober housing w/child(ren)
- Clean and sober housing w/no kids

Education

DONE **STILL NEED HELP WITH**

- Education/GED
- Finances/Better Budgeting
- Time Management/Organization/Scheduling
- Stress Management
- Parenting Classes
- Learn Child/Infant/Adult CPR & First Aid
- Learning about or how to use computers
- Creative Problem solving
- Domestic Violence Classes/Anger Management

Other

DONE **STILL NEED HELP WITH**

- Other (please specify) _____
- Other (please specify) _____
- Other (please specify) _____

Pro-Social

DONE **STILL NEED HELP WITH**

- Having fun sober (hobby, exercise)
- Recovery environment
- Family/peer-to-peer support/mentor

Health & Wellness

DONE **STILL NEED HELP WITH**

- Medications (access / copay)
- Dental health care insurance / issues
- Medical health Care/ issues (diabetes, Hep C, etc.)
- Family Planning information (birth control, pregnancy services, etc.)
- Mental Health Counseling, for me
- Mental Health Counseling, for child(ren)
- Grief and Loss counseling/support
- Trauma counseling/support
- Family counseling/classes
- Nutrition/ Cooking
- Fitness/Weight management
- Healthy Relationships
- Childcare while in services

Legal

DONE **STILL NEED HELP WITH**

- Obtaining State ID card
- Dependency case
- Parenting Plan through the courts
- Divorce information
- Reduce fines & fees - for
(Circle one) District Court or Superior Court
- Cellphone assistance
- Letter of support/recommendation for: