

Family Treatment Court: Steppin' Up to Four



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 3 in FTC for **90** days. The date I went to Step 3: _____
- I have at least **60 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: _____

SUD Treatment case manager signature _____

I have **30 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 am routinely attending support groups to help with my family's long-term recovery goals I have been going to the following meetings/classes:

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

- 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 this is my plan to take care of that. Please list the jurisdiction(where) / the case/reason and your plan and timeframe 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 my other legal obligations/ 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)

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

Describe what is different about you today as compared to the person who was referred to FTC?

What would your children say is different about you today?

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 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

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/Other

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:

Other (please specify) _____