

# Family Treatment Court: Steppin' Up to Two

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 with the responses)

- I have been in FTC and coming to court for at least **four (4) weeks**
- I have at least **14 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 met with my social worker, treatment provider and other team members to create my Individualized Family Case Plan. (Please attach a copy)

**DCYF Social Worker verification signature:**  
**Treatment case manager signature**

I have **7 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 made at least one contact with the REACH Too Recovery Coach / Mentor program:  
Recovery Coach Christy Bettis: 360-233-2536

I have scheduled the Neuropsych testing at Children's Center. (call 360-699-2244 to make app't)

- I have completed and presented at least 3 of my "FTC Introduction" questions in court
- If applicable, please list any other required legal conditions or obligations with any other probation and/or court matters (DOC/District Court Probation, warrants, other child welfare case)

Please list your day(s) / time(s) for your:

- o Parenting Time (visitation):  
\_\_\_\_\_  
\_\_\_\_\_

- o Treatment Appointments:  
\_\_\_\_\_  
\_\_\_\_\_

Continue to questions on back...

**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 \***

**VOLUNTEER / SERVICE ORGANIZATION** If yes, where & how many hours each week?  
\_\_\_\_\_

**Valid Driver's License:**  Y or  N If no, what would it take to get one? \_\_\_\_\_  
(or visit [www.dol.wa.gov](http://www.dol.wa.gov))

**Community Self-help Support:**  
Which support groups do you attend: \_\_\_\_\_

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

Please describe the **most difficult time** you had in your recovery in Step 1 and what the Court Team could have done to help.

\_\_\_\_\_  
\_\_\_\_\_

*Describe areas in which you feel you have made the greatest progress so far.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has been the biggest change about you as a parent? \_\_\_\_\_

Other comments/suggestions/changes you would make?  
\_\_\_\_\_  
\_\_\_\_\_

What **reward / incentive** would be meaningful for you to continue making positive choices?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*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) \_\_\_\_\_