INITIAL FAMILY SERVICE PLAN
(give resident a copy upon admission)

FAMILY NAME:__________________________________________ DATE:________________________

RECOVERY:

GOAL: Develop and enhance understanding of basic recovery concepts.

1. Engage in recovery work on a daily basis by attending required meetings and completing assignments. Read the Big Book each day!

2. Obtain a sponsor or temporary sponsor within first four weeks of the program. Maintain consistent contact with sponsor by telephone and through meeting face to face on a weekly basis.

3. Build relationships with other women within the recovery community by introducing yourself to at least two new people per week. Ask for and use their phone numbers.

4. Work with your individual counselor/case manager and sponsor to understand the twelve steps. Bring questions to one to one counseling sessions.

5. REMAIN DRUG FREE ONE DAY AT A TIME!

6. For residents who smoke, participate in TOBACCO ASSESSMENT QUESTIONNAIRE THAT LEADS TO REFERRAL, IF DESIRED.

7. ____________________________________________________________
   ____________________________________________________________

PARENTING:

GOAL: Increase basic parenting skills and enhance parent-child relationship(s).

1. Participate in weekly parenting group and complete all assignments.

2. Meet with Child Advocate to develop initial parenting goals and objectives, after the Child Advocate has had the opportunity to observe parent/child interaction.

3. Develop a daily schedule that provides structure and safety for your child. Use this schedule consistently and review with Child Advocate.

4. Actively participate in “Playtime” daily and report to staff.

5. Schedule individual time with each child on a weekly basis.

6. Complete “child enrichment course” within the first month of residence at the program.

7. Obtain and secure appropriate services for children including medical needs, Early Intervention, educational and therapeutic services and recreational activities.

8. ____________________________________________________________
LIFE SKILLS:

GOAL: Develop and enhance understanding of skills essential to independent living.

1. Work with individual counselor/case manager to develop financial management skills. Develop a realistic budget that outlines financial goals, savings issues, outstanding debt repayment, and weekly expenses.

2. Attend and actively participate in groups that will increase your knowledge and understanding of basic health and safety issues for you and your children.

3. Work with individual counselor/case manager around the development of realistic educational/vocational goals that meet program requirements as well as assist in the transition to independent living or participate in an affiliated educational/vocational program.

4. 

PERSONAL GROWTH:

GOAL: Develop and enhance ability to identify and express feelings.

1. Keep a daily journal of uncensored thought and feelings. Share with individual counselor/case manager and/or therapist to assist with the identification of feelings.

2. 

GOAL: Develop and enhance ability to prioritize personal needs and time for self.

1. Schedule personal time each week. Plan activities that you find nurturing. Review with individual counselor/case manager.

2. Make a collage of things you like, find interesting, and that describe yourself. Use this as a way to identify personal likes and dislikes.

3. 

Resident Signature: ___________________________ Date _____________________

Individual Counselor/Case Manager Signature: ___________________________ Date _____________________

Program Director/Child Service Coordinator Signature: ___________________________ Date _____________________
BUDGET AGREEMENT (optional)

Your participation at this program will include the development of a realistic budget. This budget will include savings and payment of outstanding bills: electric, gas, telephone, and rent. Savings are an important part of being financially responsible now that you are in recovery. Your ability and commitment to save money and repay outstanding debt will be monitored by your family case manager and will effect your movement from one phase to another. Budget plans must be presented at each phase review meeting.

I _____________________________________________________ agree to the following budget plan:

| Monthly Income: ________________________________ Source ________________________________ |
| Monthly Expenses |
| Diapers __________________  Personal Needs _____________________  Pay Phone _____________________ |
| Clothes __________________  Transportation ______________________  Family Activity __________________ |
| Detergent __________________  Miscellaneous ______________________  Savings ___________________ |
| Past Due |
| Rent __________________  Payment _________________________ Date __________________ |
| Gas __________________  Payment _________________________ Date __________________ |
| Electric __________________  Payment _________________________ Date __________________ |
| Telephone __________________  Payment _________________________ Date __________________ |
| Court __________________  Payment _________________________ Date __________________ |
| Other __________________  Payment _________________________ Date __________________ |

__________________________________________  _______________________
Resident Signature                                                                                                  Date

__________________________________________  _______________________
Family Case Manager Signature                                                                             Date