I. Self-Help Support Plans
   A. Location, times, and frequency of meetings
      1. 
      2. 
      3. 
   B. Sponsor (s) and program people names and phone numbers
      1. 
      2. 
      3. 
   C. Individual self-help goals i.e. readings, journal writings, and individual spirituality

II. Substance Abuse Treatment
   A. Individual therapy one time per week at:

   B. Case Management – home visits one time per month

III. Childrens’ Services
   A. Early Intervention
      Services to be obtained at:

   B. Head Start
C. Reunification Planning

D. DSS – all children – compliance with case planning and recommendations of DSS including urinalysis provision

IV. Parenting
   A. Parenting skills training – home visits one time per month
   B. Parent Aid visits – as arranged through DSS
   C. DSS worker – individual meetings as scheduled
   D. Contacts as necessary with attorneys

V. Family Nutritional Needs:
   A. WIC
   B. Weekly meal planning: coordinate meal planning and food shopping with parent aid and consult with WIC health center

VI. Health/Medical/Dental
   A. Schedule regular checkups for children and self at:

VII. Budgeting (optional)
   A. Coordinate needs with AFDC worker – to be assigned at DTA
   B. Continue monthly budgeting as established by _________________________________

VIII. Vocational Education
   A. Attainment of GED through __________________________________________________
IX. Utilization of daily time plans
   A. Weekly activities of children – discuss with Family Life Advocate/Child Services Coordinator and Early Intervention i.e. playgrounds, library
   B. Studying for GED
   C. Ongoing examination of career/employment goals
   D. Continued education and growth in recovery through individual counselors
   E. Recreation and exercise weekly

X. Housing Status: ________________________________________________________________

XI. Transportation
   A. Program People – request assistance with rides to meetings
   B. Familiarization with routes of ___________________________________________________
   C. Future explanation of attaining a driver’s permit

XII. Extended Family/Relationships with Others
   A. Positive/Supportive Figures
   B. Avoid contacts with active family members and any contacts with former substance abusers

Resident Signature ___________________________ Date ______________

Staff Signature ___________________________ Date ______________