|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | | | **Docket no:** | | | | | **PATHS Family Treatment Court** | | | | |
| **DCF Counsel:** | | | | | **Counsel:** | | | | | **DCF Worker:** | | **Contact:** | | |
| **Residence:** | | | | | | **Contact:** | | | |  | **Date** |  | | **Date** |
| **DOB:** | | | **PO:** | | **Child(ren)** | | **DOB** | **Counsel** | | **Screen** |  | **Phase 1** | |  |
| **DX:** | | | | |  | |  |  | | **Intake** |  | **Phase 2** | |  |
|  | |  |  | | **Assess** |  | **Phase 3** | |  |
| **RX:** | | | | |  | |  |  | | **TX Referral Date** |  | **Phase 4** | |  |
|  | |  |  | | **TX Start Date** |  | **Phase 5** | |  |
| **Medical Issues:** | | | | |  | |  |  | | **3 Mon. F/u** |  |  | |  |
|  | |  |  | | **6 Mon. F/u** |  |  | |  |
| **Other Notes:** | | | | | **Caregiver(s):** | | | | | **12 Mon. F/u** |  |  | |  |
|  |  |  | |  |
| **Treatment Recommendations** | | | | | | | | | | | | | | |
| **Parenting Plan:** | | | | | | | | | | | | | | |
| **Screenings:** | | | | | **Treatment Provider:** | | | | | | **Contact:** | | | |
| **Self Help:** | | | | | **Treatment Provider:** | | | | | | **Contact:** | | | |
| **Identified Recovery Capital Goals** | | | | | | | | | | | | | | |
| **Health** | |  | | | | | | | | | | | | |
| **Home** | |  | | | | | | | | | | | | |
| **Purpose** | |  | | | | | | | | | | | | |
| **Community** | |  | | | | | | | | | | | | |
| **Progress Report** | | | | | | | | | | | | | | |
| **Court Date** | **Screens** | | | **Treatment Report** | | | | | **Family Report** | | | | **FTC Court Appearance** | |
| **Date** | **Results** | |
|  |  |  | |  | | | | |  | | | | YES  NO  ZOOM | |
| **Previous Progress Report** | | | | | | | | | | | | | | |
|  |  |  | |  | | | | |  | | | | YES  NO  ZOOM | |
|  |  |  | |  | | | | |  | | | | YES  NO  ZOOM | |