|  |  |  |
| --- | --- | --- |
| **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 [ ]  |