**Family Return Home Plan**

**Part 1: Planning for my Child(ren)**

1. Do you have a housing plan? **YES NO N/A**

List the housing programs you have applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Per policy, your social worker must approve a space for visits or placement. Do you have a copy of the health and safety checklist that DCYF uses to approve spaces? **YES NO**

*If ‘NO’, ask your social worker to provide you with a copy of this checklist.*

1. Do you have social security cards and birth certificates for everyone that will be living with you? List the household members and documents you need. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does lack of money prevent you from getting any of these documents? **YES NO**

1. A DCYF social worker completes a Children’s Health and Education Tracker (CHET) screening on every child. This tool is used as a tool to see if children are developmentally on track. Would you be interested in learning more or getting a copy of that screening? **YES NO**
2. List the names of your children are or were engaged in 0-3 or Early Intervention Services?

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Do you have copies of assessments, summaries or recommendations from these services? **YES NO**

*If “NO”, you can ask your social worker for a copy of any of these documents*

1. Do you need help accessing resources for visits such as diapers, snacks, transportation, etc?

**YES NO**

If yes, please list the items you need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How do you currently transport yourself and your child(ren) to and from services, visits and appointments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have strollers, front packs or car seats (height and weight appropriate) to be able to transport your children safely? **YES NO**

List the items you need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List 2-4 people with a valid driver’s license that you could contact to transport you or your children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Circle any service below that you would be interested in learning more about for your child(ren):

Medical Vision Dental Educational Mental Health/Behavioral

1. If your child(ren) is already receiving any of these services, do you have a copy of assessments, recommendations or reports? **YES NO**
2. List the people you contact when you have questions or want updates on your children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Write a few sentences about how your family became involved in CPS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What actions have you taken to address these reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. How do you process strong or uncomfortable emotions? List any skills that you have learned in your treatment program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List 5-6 coping skills you can use when you feel triggered, stressed or overwhelmed:

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1. Make a list of supportive people in your life for you and your child(ren):

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1. What traditions or rituals are important in your family culture? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. DCYF has the ability to refer any parent or caretaker to services to make parenting easier. These services can teach parents to focus on positive, rather than negative behaviors, build routines, strengthen the bond between children and parents or provide support during a time of transition. If you feel that you might benefit from any of these types of support, please talk to your attorney and social worker about what you would want out of any of these programs.

**Please complete this form and bring it to your next Wrap or team meeting.**