**Family Return Home Plan**

**Part 2: Parenting & Safety**

1. Who is living in your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has everyone in your home completed a background check and submitted fingerprints? **YES NO** List everyone that may need to complete a background check? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Do you have a valid driver’s license? **YES NO**

Do you have car insurance? **YES NO**

Do you need help in getting your license or insurance?  **YES NO**

1. Check the items you may need for overnight visits. Check or list the things you still need.

🞎 Baby gates 🞎 Safety locks 🞎 Cribs or beds

🞎 Outlet covers 🞎 Bedding 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who can you contact in an emergency to transport you or your children?

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How would you know that those people have a valid driver’s license and insurance?

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1. If overnight visits were approved, what items would you need to make those visits go smoothly? Check the items you may need.

🞎 Beds 🞎 School supplies 🞎 Books 🞎 Car seat

🞎 Safety locks 🞎 Clothes & shoes 🞎 Diapers 🞎 Wipes

🞎 Baby food 🞎 Bath items 🞎 Baby monitor 🞎 Bottles

🞎 Formula 🞎 Highchair 🞎 Toys 🞎 Snacks

🞎 Diaper bag 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you familiar with how to enroll your children in daycare or school? **YES NO**

Do you have a copy their immunization records? **YES NO**

1. Do you have the contact information for you children’s teachers or daycare providers? **YES NO**

Will your child need to change school/daycare in the next month or two due to return home? **YES NO**

1. Share your plan to for childcare while you attend treatment/work/meetings and other necessary services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What is your plan to keep you children safe if feel like using or are in crisis?

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1. Give at least one example of what you do when your child is testing you.

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1. List 3 people you can talk to about parenting your child(ren). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What kind of support do each of these people provide? ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you attended your child(ren)’s recent medical, dental or 0-3 service appointments? **YES NO**

What has prevented you from being able to attend these appointments? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How could FTC help you get to your child’s appointments?

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1. Do you have any financial, criminal, housing or legal matters that may prevent you from accessing housing or other resources? **YES NO**

*If you answered “yes” above, please discuss these matters with your attorney.*

1. Does anyone in your family need help accessing medical or dental care? **YES NO**

Do you are someone else in your family need medical insurance? **YES NO**

Do you or someone else want help with birth control? **YES NO**

1. List the name of your primary care doctor and clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name of your child’s pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the name of any specialized providers working with your child(ren). Examples include physical therapist, occupational therapist, hearing, vision provider, etc.

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List the name of your family dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If children are school-aged, what is your plan for childcare during holidays or school breaks?

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During summer breaks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before and after school care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you want or need help getting a parenting plan (if unsure, ask your social worker)?

**YES NO**

Do you have any other outstanding legal matters that you need help with, such as protection orders, warrants, restraining orders, etc.? **YES NO**

*If you answered ‘YES’ to either of these questions, please talk with your attorney about your options.*

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