**Family Return Home Plan**

**Part 3- Support Network**

1. How does your living environment support your recovery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your biggest concern about your living environment?

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1. Make a list of people for emergency childcare when school is closed or children are sick.

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Have you provided your social worker with copies of their license and insurance card? **YES NO**

1. Fill in each box for your child, to the best of your ability:

|  |  |
| --- | --- |
| Child Name/Age: |  |
| Date of last well child exam: |  |
| Date of next medical appointment: |  |
| Date of last dental exam: |  |
| Referrals to follow up on: |  |

|  |  |
| --- | --- |
| Child Name/Age: |  |
| Date of last well child exam: |  |
| Date of next medical appointment: |  |
| Date of last dental exam: |  |
| Referrals to follow up on: |  |

|  |  |
| --- | --- |
| Child Name/Age: |  |
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| Date of last dental exam: |  |
| Referrals to follow up on: |  |

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| --- | --- |
| Child Name/Age: |  |
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| Date of next medical appointment: |  |
| Date of last dental exam: |  |
| Referrals to follow up on: |  |

|  |  |
| --- | --- |
| Child Name/Age: |  |
| Date of last well child exam: |  |
| Date of next medical appointment: |  |
| Date of last dental exam: |  |
| Referrals to follow up on: |  |

6. How do you take care of yourself when you are tired, angry, lonely or overwhelmed?

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List the people you could call to get support when you need it?

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7. What is your daily recovery routine?

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How are your children a part of your recovery?

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8. What is your relationship with your sponsor and home group? Name your home group in your reply. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. List your parenting supports: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Of this list, who do you rely on for advice?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who do you vent too? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who will keep you company when you need it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who can give you a break from you kids? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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11. Do you need resources for summer and school break activities for your children? **YES NO**

*If ‘YES’, talk with your social worker or another team member for resources.*

12. Have you drafted a parenting plan? **YES NO N/A**

13. Do you have a plan for you child(ren) to have contact with their other parent or their family, if appropriate and there are no safety risks? **YES NO N/A**

*If ‘NO’, discuss a safety plan with a team member.*

**Please complete and review this plan with your social worker at your next home visit.**