

Cause

FAMILY PLAN OF SERVICE PHASE 2 OF 3 (Drug Issue)

(Supervised visits with child while working on safety related concerns, move to unsupervised as compliance shown)

1. Abide by the 'General Rules and Requirements' attached to this Plan.
2. (IF THIS IS AVAILABLE IN YOUR AREA) "Color System" - you must call 123-456-7891 each weekday between 7:30 a.m. and 8:00 a.m.; listen to the message to hear the color chosen each day and leave your name as a message to verify that you called as required. If the color _____ is called, submit to drug testing within one hour at The Drug and Alcohol Testing Compliance Services (D.A.T.C.S.) located at _____ - (987) 654-3219. (If self medication/medication management an issue, can be replaced with participate in random testing. If this service not available, then participate in random drug testing as requested by caseworker)
1. Attend and participate in one recovery/support group meeting (AA/NA, Celebrate Recovery, etc.) **daily** preceding inpatient/residential treatment. Must provide verification of attendance to the court.
2. Immediately schedule and participate in a Psychological Evaluation with Dr. Psychologist located at 123 Wellbeing Place, Anytown, TX (123) 123-4567; Follow all recommendations listed in said evaluation; contact said office to schedule an appointment.
3. After 90 days of sobriety, participate in *trauma informed/trauma focused* individual counseling sessions with Super Counselor, LPC, and her associates, located at _____, until successfully discharged, to address issues and concerns delineated on the current psychological evaluation. EMDR should be integrated into the individual counseling to ensure the best possibility of recovery (If needed); Contact the office to schedule an appointment.
4. Participate in and successfully complete Circle of Security Classes (Protective Parenting) with _____, LPC, _____ () _____.
5. Continue to participate in 'brain gym' therapy with _____ located at _____ until successfully discharged.

6. Attend and successfully complete Anger Management Classes and/or the Batterer's Intervention and Prevention Program at the _____ . Contact the _____ to schedule attendance in these classes. (If needed)
7. Meet with your caseworker weekly to go over weekly schedule and set reminders for all upcoming appointments.
8. Receive permission from the Court to graduate from Phase 1 and move to Phase 2.

Your caseworker is:

The permanency goal in this case is: reunification with (a) parent(s).

THIS IS A VERY IMPORTANT DOCUMENT. ITS PURPOSE IS TO HELP YOU PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT WITHIN THE REASONABLE PERIOD SPECIFIED IN THE PLAN. YOUR COMPLIANCE WITH THIS SERVICE PLAN WILL BE EVALUATED AT THE HEARINGS LISTED ON THE SCHEDULING ORDER. IF YOU ARE UNWILLING OR UNABLE TO PROVIDE YOUR CHILD WITH A SAFE ENVIRONMENT, YOUR PARENTAL AND CUSTODIAL DUTIES AND RIGHTS MAY BE RESTRICTED OR TERMINATED OR YOUR CHILD MAY NOT BE RETURNED TO YOU. THERE WILL BE A COURT HEARING AT WHICH A JUDGE WILL REVIEW THIS SERVICE PLAN.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS SERVICE PLAN, THAT I HAVE REVIEWED IT AND THAT I UNDERSTAND WHAT IS REQUIRED OF ME.

DATE

PARENT'S SIGNATURE

CASEWORKER'S SIGNATURE