



Welcome to First Steps Towards Reunification.  
We sincerely hope you find this experience useful, respectful,  
and encouraging

Throughout the day you will be asked to complete a number of  
forms that will help you to better understand your situation  
and also provide us with ways to measure the effects this  
program may be having.

If you have any questions please ask one of our FSTR  
facilitators for help at anytime. If you would like a copy of the  
results we obtain from time to time on this program please  
contact me using the information below at anytime.

WELCOME ONCE AGAIN, AND THANKS FOR YOUR ASSISTANCE

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# FIRST STEPS TOWARDS REUNIFICATION

A one-day training program in how to survive the system, change your life and get your family back

## FIRST STEPS TO REUNIFICATION

The Program at a glance

- How to Benefit From & Utilize a Mentor
- Understanding The CYFD Role
- Self-Assessment Of Strengths & Risks
- Understanding how Change Occurs
- Setting Goals
- Linking to Community Resources

## Understanding The CYFD Role

- The process of Reunification Or Termination
- The purpose & Authority of CYFD
- How CYFD Assesses Risk & Safety For Children
- Concurrent Planning
- Critical Timelines & Expectations
- The Initial Hearing
- Review Hearings

## PERMANENCY PLANNING

- 10 day hearing – initial hearing: Was removal justified?
- 60 day hearing – adjudicatory: Court order the treatment plan
- 6 month hearing – progress review
- 9-10 month hearing – compliance hearing
- 15 months – permanency hearing

Reunification

## CONCURRENT PLANNING

- Termination of Parental Rights - TPR
- ADOPTION
- Permanant Guardianship
- Placement with fit and willing relative
- Planned Permanent Living Arrangement (PPLA)

Point of Crisis

## SELF ASSESSMENT: Understanding Our Selves

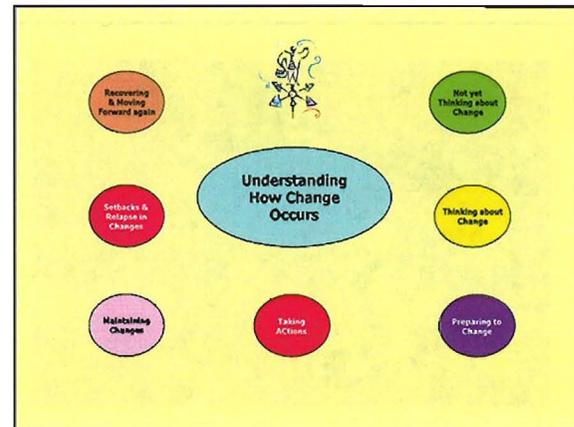
- Identifying Areas of Concern To CYFD
- What are your Risk Factors
- What are your Strengths & Assets
- Identifying Areas of Dissatisfaction
- Assessing Quality of Life
- Addressing Alcohol and Drug Use

## The Areas of Risk and Strength Considered by CYFD

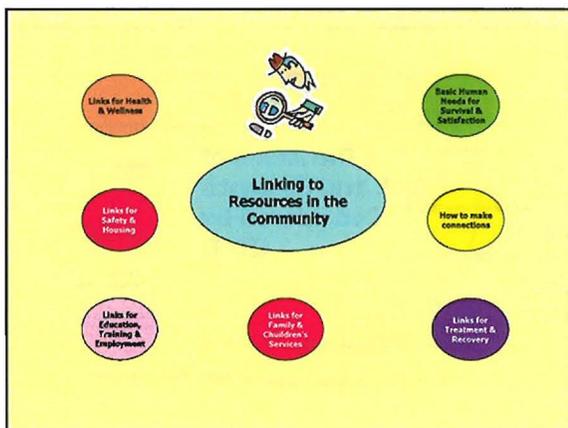
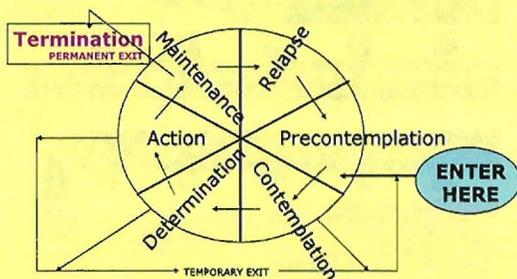
- Communication & People Skills
- Housing and the Environment
- Employment and Income
- Literacy Level in the household
- Family Relationships
- Children's Problems and Their Development
- Caretaker's Daily Living Skills
- Physical Health in the household
- Caretaker's Abuse or Neglect History
- Social Support Systems
- Use of Community Resources
- Alcohol and other Drug Use
- Parenting Skills
- Emotional/Mental Health

## Questions for Self-Assessment

- How do you see yourself in areas of life that are unhealthy or negative?
- How do you think you are seen by CYFD or the Courts in areas of life that are unhealthy or negative?
- How would you rate the overall quality of life you enjoy?
- What areas of life would you like to see become better for yourself and your family?



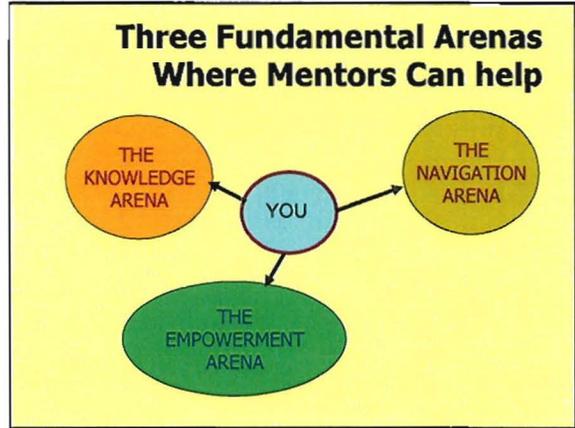
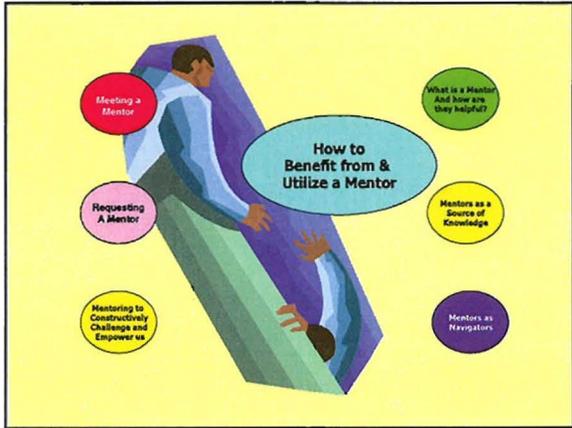
## The Stages of Change



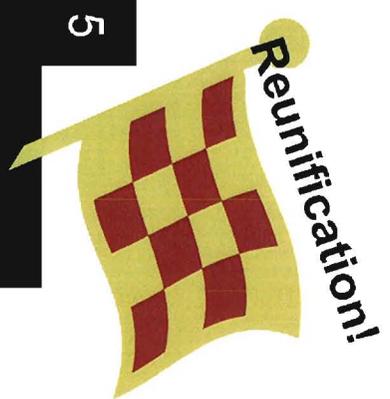
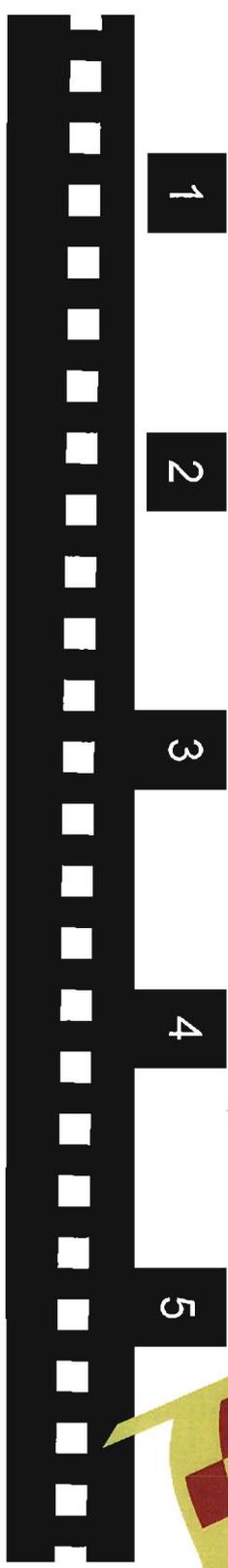
## Making a Change Plan to get moving FSTR

- From what you have learned today what can you do in the next 48 hours?
- Who/What can help?
- Who/What should be avoided?

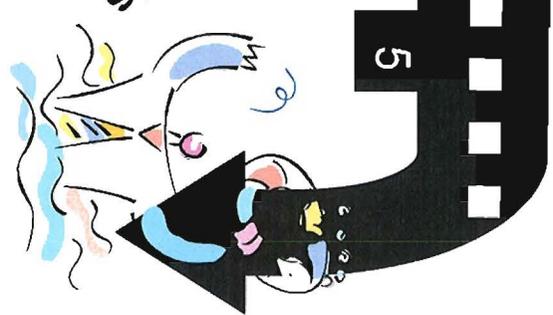
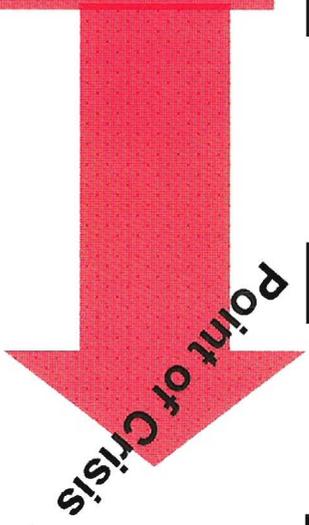




- **PERMANENCY PLANNING**
- 10 day hearing – initial hearing. Was removal justified?
- 60 day hearing – adjudicatory. Court order the treatment plan
- 6 month hearing – progress review
- 9-10 month hearing – compliance hearing
- 15 months – permanency hearing



- **CONCURRENT PLANNING**
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*First Steps Towards Reunification*

## ***A Handbook for Parents and Guardians in Child Abuse & Neglect Cases***

What you need to know about the court process and the people  
helping you with your cases

Being involved in a child abuse and neglect case can be very confusing and stressful for a family. Not knowing what to expect make it even harder. This handbook will you understand what will happen. Keep this handbook with you so you can write the names of the people who will be helping you and the dates of meetings and court hearings.

## *Why Do You Have to Go to Court?*

- The purpose of Children’s Court is to **keep children safe** and to help families create a safe home for their children. The Children’s Court is not designed to punish parents.
- The judge can require you and your family to get help. Also the judge can order that your child be temporarily placed in the custody of the New Mexico children, Youth and Families Department (CYFD). This means that, for the time being, CYFD is legally responsible for your child. CYFD, with the approval of the court, can make decisions about where your child should live and what you need to do to have your child returned to you.
- The same problems that brought you to the Children’s Court could result in criminal charges against you, your partner, or someone else in your family. In that case, you may have to go to another court and see another judge. This handbook does not deal with criminal cases. It is about proceedings (meetings and hearings) in Children’s Court.



## *What Happens When Your Child Is Removed From Home?*

- If your child is removed from your home, you will be notified in writing and you will receive a copy of the paperwork that has been filed with the court. One of the forms you will receive is called a ***petition***. The petition was written after a report was received and investigated by CYFD.
- The petition names you as a ***respondent***. This is a term used by the Children’s Court for the parent or guardian in a child abuse and neglect case.
- The petition lists one or more ***allegations*** – statements of what is believed to have happened and reasons why your child needs to be in the state’s custody.
- If you do not understand the petition or any other paperwork, talk to your attorney.

## Who Will Help?

### Your Treatment Worker

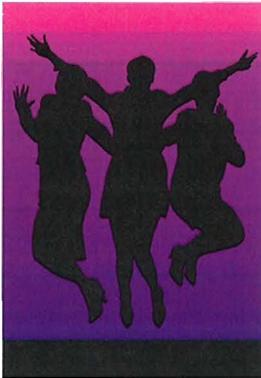
When your child is removed from your home, you will be given the name and phone number of a **Treatment Worker** from CYFD. Your Treatment Worker should:

- contact you to give you more information and ask you some questions;
- visit you and your child regularly;
- help you understand the problems that brought you to court, and
- help you work on your *treatment plan*, which lists the steps you must take to have your child returned to you.

**If you do not hear from your Treatment Worker for awhile, or if you have questions or problems, call him or her.**

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Your CYFD Treatment Worker's name, address, and phone number are:



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

**Your Attorney**

You will receive a notice from the court telling you that you have the right to a **Respondent's Attorney**. If you cannot afford to pay for an attorney, one will be appointed for you by the court. Your attorney should:

- meet with you before every hearing and speak for you in court, and
- help you understand your rights and tell you about the hearings you will attend and what to expect at each hearing.

**If you do not hear from your attorney for awhile, or if you have questions or problems, call him or her.**

---

Your attorney's name, address, and phone number are:



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

## *Who Else Might Be Involved In Your Case?*

### The Guardian ad Litem (GAL) or the Youth Attorney

If your child is under age 14, the court will appoint a **Guardian ad Litem (GAL)**. The GAL's job is to represent the child's best interest, in other words, to tell the court what is best for the child. If your child is age 14 or older, the court will appoint a **Youth Attorney**. This attorney will meet with your child and represent him or her in court.

### The Children's Court Attorney

The Children, Youth and Families Department (CYFD) also has an attorney, called the **Children's Court Attorney**. The Children's Court Attorney puts the basic facts of the case into writing and gives it to the judge. In court, the Children's Court Attorney represents CYFD, who must prove why your child should be in CYFD custody, at least for the time being.

### The Court Appointed Special Advocate (CASA)

The judge may also appoint a **Court Appointed Special Advocate (CASA)**. The CASA is a trained volunteer who will meet with you and your child, as well as others involved in this case. The CASA reports to the court about how your child is doing and what is believed to be in your child's best interest.

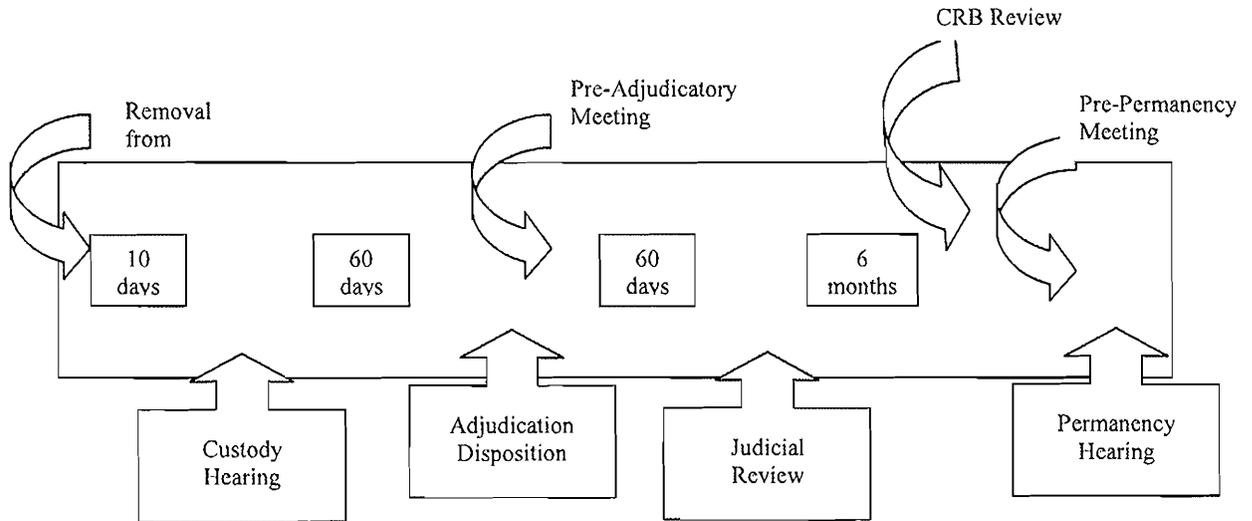
### The Citizen Review Board (CRB)

The **Citizen Review Board (CRB)** is a group of trained volunteers from your community. If your case stays in court for a while, the CRB will meet to review the case and make recommendations to the judge. Everyone involved with the case, including you and your attorney, will be invited to talk to the CRB at the review.

## When Will you Have to Go to Court?

You may be asked to attend several court hearings and other meetings so that the judge and others can listen to all sides and decide how to help your family. Most child abuse and neglect cases have seven or eight different court hearings and meetings during the first year.

Each court hearing and meeting has a different purpose. They are all described in the handbook, so that you know what to expect at each hearing or meeting, when and where it will be held, and why it is important for you to attend.



*Remember, the purpose of the Children's Court is to keep children safe and to help families create a safe home for their children. If you do not understand the purpose of any of the hearings you are asked to attend, talk to your attorney.*

The Custody Hearing

- The **Custody Hearing** will be held within ten (10) working days of when the petition is filed in Children’s Court.
- At the Custody Hearing, the judge will decide if your child should stay in the temporary custody of CYFD until the trial is held.
- The attorney for the Children, Youth and Families Department will present information about the case to the judge.
- Your attorney will also be able to present information. **It is very important that you be there too!**

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The time and place of your **Custody Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Pre-Adjudicatory Meeting

- The **Pre-Adjudicatory Meeting** is held before the courts trial, which is called the Adjudicatory Hearing. All the people who are involved in the case, including the attorneys, must be there.
  - The purpose of this meeting is to talk about why your children were removed from your home and discuss whether you will admit or deny the allegations in the petition. The other purpose of this meeting is to come up with a treatment plan for your child and your family that will help get your family together again, or whatever is best for your children. That treatment plan will be presented to the Children's Court.
  - In some judicial districts these pre-adjudicatory meetings may be **mediated**. This means a trained professional who is not involved in your case will work with you and the others in the case to come up with a plan that is best for your child and your family.
  - **It is very important that you attend the Pre-Adjudicatory Meeting, so that *your* ideas about what is best for your family and what can be done to make sure your child is safe can be heard.**
- 

The time and place of your **Pre-Adjudicatory Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Adjudicatory Meeting

- You have the right to a trial before a judge on the allegations which were listed in the petition. This trial is called the **Adjudicatory Hearing**. It will be held within 60 days of when you receive the petition.
  - At the Adjudicatory Hearing, the judge will listen to the evidence and decide if your child has been abused or neglected.
  - If abuse or neglect is determined, the Judge will decide what needs to happen for you and your child in order to have your child returned to you. This decision is called the *disposition*.
  - **It is very important that you attend the Adjudicatory Hearing.**
- 

The time and place of your **Adjudicatory Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

The Dispositional Hearing

- The **Dispositional Hearing** is usually held at the same time as the Adjudicatory Hearing. If not, it will be held within 30 days.
  - At the Dispositional Hearing, the judge will order a treatment plan for you and your child.
  - You need to cooperate with your treatment plan. If you don't cooperate, you could be held in Contempt of Court, and you may have to pay a fine, spend time in jail, or both. In addition, it could take longer for your child to be returned to you. In fact, if you don't cooperate, you could even lose your rights to your child.
  - **It is very important that you attend the Dispositional Hearing, so that you completely understand what you need to do in order to have your child returned.**
- 

The time and place of your **Dispositional Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Judicial Review

- Within 60 days of the Dispositional Hearing, there will be a **Judicial Review** in court. The judge will review your case to make sure that the treatment plan is being followed. The judge will check to make sure you are doing what is ordered in the plan. The judge will also make sure that CYFD and others are doing what is ordered in the plan.
- If everyone agrees that the treatment plan needs to be changed, the judge will order those changes.
- The judge will also explain what will happen at the Permanency Hearing which will be held in about six months.
- The judge may schedule your Judicial Review sooner than 60 days after the Dispositional Hearing. Additional reviews may be scheduled before and after the Permanency Hearing to determine compliance with the Court-ordered treatment plan and to review progress on the case.
- **It is very important that you attend all your Judicial Reviews**



The time and place of your **Judicial Review** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Citizen Review Board (CRB) Meeting

- Before the Permanency Hearing, which is when the judge will decide whether or not your child can safely return home, there will be a **CRB Meeting**. At the CRB meeting, members of your local RB will review your case. (Remember, the CRB is a group of trained volunteers from your community)
- The CRB will decide if they agree with the treatment plan for you and your child. They will also decide if they agree with the permanency goal which has been set for your child. The permanency goal means that whether your child will be returned home or whether some other permanent arrangement needs to be made.
- Everyone involved with the case will be invited to talk to the Board. You will receive an invitation to this meeting from the CRB office. The meeting will be held in your community.
- **It is very important that you attend the CRB Meeting, so you completely opinions can be heard.**

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The time and place of your **CRB Meeting** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Pre-Permanency Meeting

- The **Pre-Permanency Meeting** is held before the Permanency Hearing, which is when the judge decides whether or not your child will be returned home. All the people involved in the case, including the attorneys, must attend the Pre-Permanency Meeting.
  - One reason for this meeting is to talk about how much progress your family has made in following the Court-ordered treatment plan.
  - The most important reason for the Pre-Permanency Hearing Meeting is to decide whether the *permanency plan* that will be recommended to the judge at the Permanency Hearing will be to return your child home or to begin making plans for adoption or some other permanent arrangement outside of your home.
  - **It is very important that you attend the Pre-Permanency Hearing.**
- 

The time and place of your **Pre-Permanency Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Permanency Hearing

- The **Permanency Hearing** will be held no later than 12 months after your child was removed from your home. The Permanency Hearing is when the judge will decide whether or not your child can be safely returned home.
  - If the judge decides that the permanency plan should be reunification (return home), and your child is not returned home within three months, a **Permanency Review Hearing** will be held to decide if your child's plan should be changed to adoption or some other permanent arrangement outside of your home.
  - You need to cooperate with your treatment plan. If you don't cooperate, you could be held in Contempt of Court, and you may have to pay a fine, spend time in jail, or both. In addition, it could take longer for your child to be returned to you. In fact, if you don't cooperate, you could even lose your rights to your child.
  - **It is very important that you attend the Permanency Hearing and the Permanency Review Hearing.**
- 

The time and place of your **Permanency Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

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

The time and place of your **Permanency Review Hearing** is:



Time & Date: \_\_\_\_\_

Place: \_\_\_\_\_

Things I want to discuss or ask about: \_\_\_\_\_

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

## *What Is Mediation?*

Some District Courts in New Mexico are now offering **mediation** at different points in child abuse or neglect cases. In mediation, a trained person who is not personally involved in your case meets with you, your attorney, CYFD, the GAL or Youth Attorney, and others. During the meeting, the mediator will make sure that everyone has a chance to talk and that everyone is listened to. All of you have a chance to discuss your case and come up with ideas for your child and your family.

In some courts, mediation takes place before the Adjudicatory Hearing, as part of the Pre-Adjudicatory Meeting. Here you would focus on a treatment plan for your child and family. Mediation might also happen before the Permanency Hearing, perhaps as part of the Pre-Permanency Meeting. This session would focus on what will be best for your child in the long term and what the permanency should be.

**It is very important that you attend the mediation, so that your ideas about what is best for you and your family can be heard.**

There is a small booklet like this one available on mediation. If you are interested, call the Administrative Office of the Courts in Santa Fe (505-827-4800) and ask for a copy.



## *What Is Concurrent Planning?*

Every child who is placed in CYFD custody is screened and assessed for **Concurrent Planning**. If appropriate for your child, Concurrent Planning allows CYFD to work on an alternative permanency plan **at the same time** as they are working to return your child home. Your child may be placed in a concurrent planning home, which is a specific kind of foster home. The concurrent planning foster parents will work with you and CYFD on both permanency plans. They will support your family reunification efforts, including helping to make it possible for you to visit your child.

There is a small booklet like this one available on Concurrent Planning. If you are interested, call the Administrative Office of the Courts in Santa Fe (505-827-4800) and ask for a copy.

### *These are your rights:*

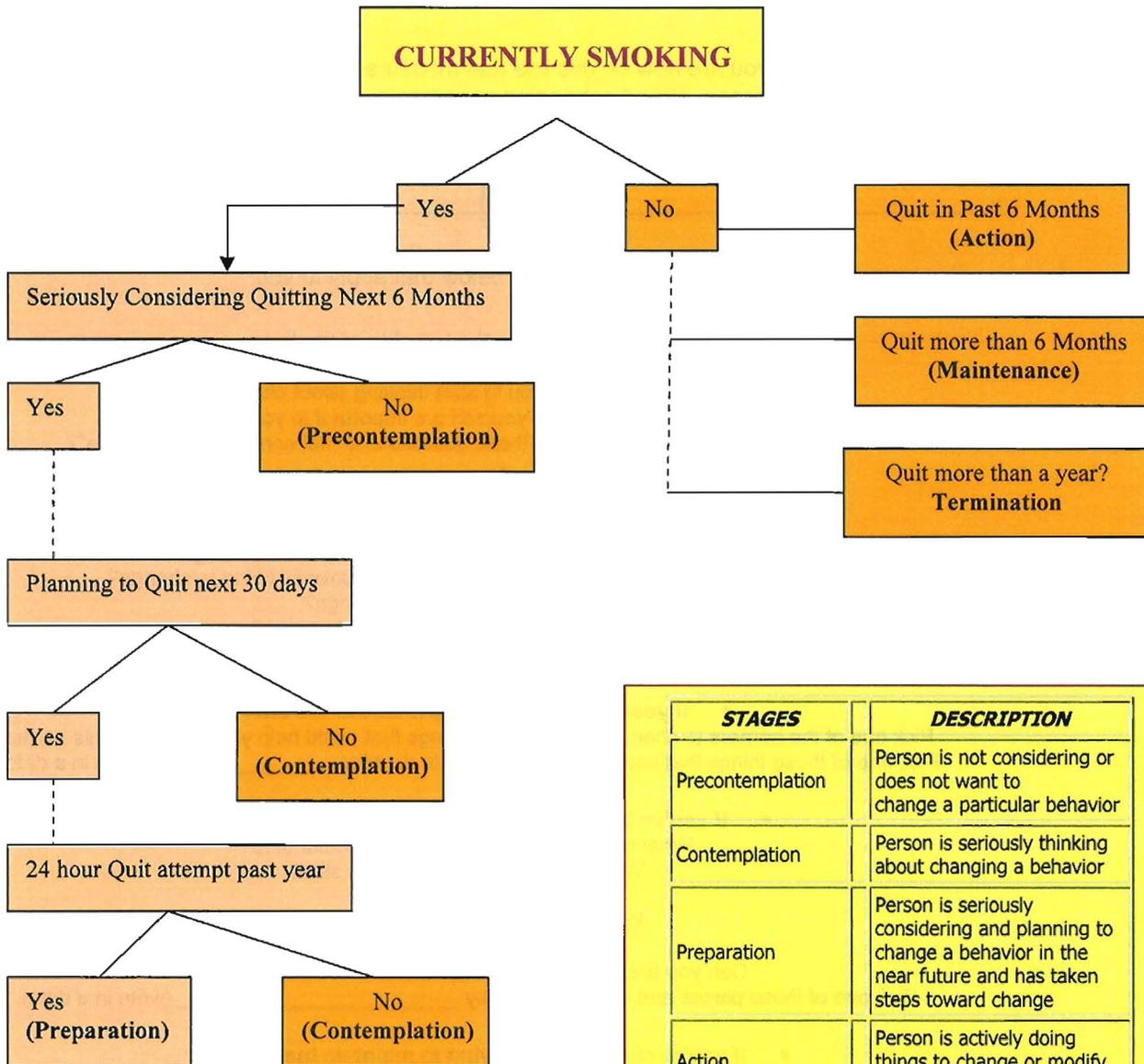
- You have the right to an attorney. If you cannot afford to pay for an attorney, one will be appointed for you by the court.
- You have the right to admit or deny the allegations made about you and your family.
- You have the right to be notified of all court hearings and related meetings.
- You have the right to an interpreter in court if you do not understand English.
- You have the right to talk to your CYFD Worker and your attorney. But remember, they may be busy with someone else when you call. Be sure to leave a message with a phone number where you can be reached or try to call them again. Keep track of the best times to call them.

### *These are your responsibilities:*

- Take this seriously.
- Attend the court hearings and meetings.
- Cooperate with your treatment plan.
- Stay in touch with your attorney and your CYFD Treatment Worker. Be sure they always have a current address and phone number for you.
- Things move very quickly in child abuse and neglect cases today. Be sure you know what you are supposed to do and when, and then do it. It could be the difference in whether or not your child is returned to you or not.
- If your child is removed from your home, you may be required to provide financial support to help cover the cost of foster care.

Retyped and edited by and for the Parents Reaching Out for Support (PROS) committee of Roswell, New Mexico. This effort was completely done by volunteered hours. For further information, contact Ginger Bowman, CYFD Roswell, NM office, (505)

# THE STAGES OF CHANGE USING SMOKING CESSATION AS AN EXAMPLE



STAGES	DESCRIPTION
Precontemplation	Person is not considering or does not want to change a particular behavior
Contemplation	Person is seriously thinking about changing a behavior
Preparation	Person is seriously considering and planning to change a behavior in the near future and has taken steps toward change
Action	Person is actively doing things to change or modify behavior
Maintenance	Person continues to maintain behavioral change until it becomes permanent
Relapse	Person returns to pattern of behavior that she/he has begun to change. Returns to one of the first three stages
Termination	Person exits from the cycle of change with an established pattern of behavior

## Changing Behavior that is of concern to CYFD

1. On the line below, mark where you are now on this line that measures change in behavior. Are you not prepared to change, already changing or someplace in the middle?

Not ready yet ...    Still thinking about it...    |    Almost ready...    Already doing it...  
-----

2. Answer the questions below that apply to you.

- **If your mark is on the left side of the line:**

How will you know when it's time to think about changing?

What signals will tell you to start thinking about changing?

What qualities in yourself are important to you?

What connection is there between those qualities and "not considering a change"?

- **If your mark is somewhere in the middle:**

Why did you put your mark there and not further to the left?

What might make you put your mark a little further to the right?

What are the good things about the way you're currently trying to change?

What are the not-so-good things?

What would be the good result of changing?

What are the barriers to changing?

- **If your mark is on the right side of the line:**

Pick one of the barriers to change and list some things that could help you overcome this barrier.

Pick one of those things that could help and decide to do it by \_\_\_\_\_ (write in a date).

- **If you've taken a serious step in making a change:**

What made you decide on that particular step?

What has worked in taking this step?

What helped it work?

What could help it work even better?

What else would help?

Can you break that helpful step down into smaller pieces?

Pick one of those pieces and decide to do it by \_\_\_\_\_ (write in a date).

- **If you're changing and trying to maintain that change:**

Congratulations! What's helping you?

What else would help?

What are your high-risk situations?

- **If you've "fallen off the wagon":**

What worked for a while?

Don't kick yourself--long-term change almost always takes a few cycles.

What did you learn from the experience that will help you when you give it another try?

2. The following are stages people go through in making important changes in their behaviors. All the stages are important. We learn from each stage.

We go *from* "not thinking about it"

*to* "weighing the pros and cons"

*to* "making little changes and figuring out how to deal with the real hard parts"

*to* "doing it!"

*to* "making it part of our lives." Many people also "fall off the wagon", and go through all the stages several times before the change really lasts.

## Being S.M.A.R.T. about goals

Setting and achieving goals may be one of the most important things you do on your journey towards family reunification. People who have completed FSTR and been successful in reunifying have certainly set goals to change their lives and circumstances in ways that are important for reunification (for example changing drinking or drug use); and they also set goals that better their overall quality of life (for example, going back to school). In either case experience suggests that goals be put together in ways that are **S.M.A.R.T.** which refers to being Specific, Measurable, Achievable, Realistic and Time-framed.

**Specific:** Goals need to be something specific. Often we set goals that are so loose, it's nearly impossible to judge whether we hit them or not. For example, a statement like "I will lose weight" is too vague. How will you know if and when you've reached your goal? Saying, "I will lose five pounds this month" is more specific. At the end of the month it will be a simple matter of weights and measures: take your measurements and get on the scale.

**Measurable:** Goals need to be measurable. For example, many of us want to increase our number of contacts. But, "making new contacts" is an ambiguous statement. A clearer objective is "I will attend four networking events each month and try to connect with one person at each." It's a simple, concrete goal. This makes it easy to see if you hit your target.

**Achievable:** Goals need to be reasonable and achievable. Nearly everyone has tried to drop a few pounds at one time or another. Often their success or failure depends on setting practical goals. Losing 15 pounds in 30 days is unrealistic (unless you're planning a medical procedure). Losing six to eight pounds in 30 days is reasonable. Don't set yourself up for failure by setting goals that are out of reach.

**Realistic:** Goals need to be realistic. When we're kids we think we can do anything. As adults we learn that while we can have a lot, we can't have it all at the same time. It's important to honestly evaluate yourself. Do you have the ability and commitment to make your dream come true? Or does it need a little adjustment? For example, you may love to play tennis, but do you have the time, talent and commitment to become a pro? Be honest.

**Time Framed:** Goals need to have a time frame. Having a set amount of time will give your goals structure. For example, many of us want to find a new job or start their own business. Some people spend a lot of time talking about what they want to do, someday. But, without an end date there is no sense of urgency, no reason to take any action today. Having a specific time frame gives you the impetus to get started. It also helps you monitor your progress.

## My Goals In Areas I Care About

Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Quickly write down your *goals for the next 6 months* for each area of life that you care about. That is, say what you want to get done, achieve or experience in order to feel happy and satisfied with each area of life that you care about. For example, a long-term goal for Children could be to have them home and see they are safe, nourished and developing well.

It is okay to skip any area that is not important to your happiness in life. For example, if Money is not important to your lifetime happiness, you can just skip over that part of the survey and leave it blank.

## MY GOALS FOR THE NEXT SIX MONTHS

1. **Love** is a very close romantic relationship with another person. Love usually includes sexual feelings and feeling loved, cared for, and understood.

My Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Work** means your career or how you spend most of your time. You may work at a job, at home taking care of your family, or at school as a student. Work includes your duties on the job, the money you earn (if any), and the people you work with.

My Goals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **Money** is made of three things. It is the money you earn, the things you own (like a car or furniture), and believing that you will have the money and things that you need in the future.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Play** means what you do in your free time to relax, have fun, or improve yourself. This could include watching movies, visiting friends, or pursuing a hobby like sports or gardening.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **Health** is being physically fit, not sick, and without pain or disability.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Friends** are people (not relatives) you know well and care about who have interests and opinions like yours. Friends have fun together, talk about personal problems, and help each other out.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **Children** means how you get along with your child (or children). Think of how you get along as you care for, visit, or play with your child. If you do not have children, you can still list goals for having them in the future if that is important to your lifetime happiness.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Relatives** means how you get along with your parents, grandparents, brothers, sisters, aunts, uncles, and in-laws. Think about how you get along when you are doing things together like visiting, talking on the telephone, or helping each other out.

My Long-Term Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Learning** means gaining new skills or information about things that interest you. Learning can come from reading books or taking classes on subjects like history, car repair, or using a computer.

My Long-Term Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. **Helping** means helping others in need or helping to make your community a better place to live. Helping can be done on your own or in a group like a church, a neighborhood association, or a political party. Helping can include doing volunteer work at a school or giving money to a good cause. Helping means helping people who are not your friends or relatives.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Habits** means regular patterns of behavior, including alcohol & drug use or other behaviors that might be putting family, work or personal health at risk.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. **Creativity** is using your imagination to come up with new and clever ways to solve everyday problems or to pursue a hobby like painting, photography, or needlework. This can include decorating your home, playing the guitar, or finding a new way to solve a problem at work.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. **Self-Esteem** means liking and respecting yourself in light of your strengths and weaknesses, successes and failures, and ability to handle problems.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. **Spiritual Life** refers to spiritual or religious ideas or activities that you pursue on your own or as part of a group.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. **Goals-and-Values** are your beliefs about what matters most in life and how you should live, both now and in the future. This includes your goals in life, what you think is right or wrong, and the purpose or meaning of life as you see it. *Spiritual Life* may or may not be an important part of a person's Goals-and-Values.

What I Would Like To Accomplish in Terms of My Goals-and-Values : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. **Home** is where you live. It is your house or apartment and the yard around it. Think about how nice it looks, how big it is, and your rent or house payment.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **Neighborhood** is the area around your home. Think about how nice it looks, the amount of crime in the area, and how well you like the people.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. **Community** is the whole city, town, or rural area where you live (it is not just your neighborhood). Community includes how nice the area looks, the amount of crime, and how well you like the people. It also includes places to go for fun like parks, concerts, sporting events, and restaurants. You may also consider the cost of things you need to buy, the availability of jobs, the government, schools, taxes, and pollution.

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. **Other Goals not included above**

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. **People that I can share my goals with who will support me in achieving them; and help keep me on track:**

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

21. **People that might not be helpful or interfere with my goals, that I may want to avoid or have minimal contact with :**

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

**My Next 48 Hour Change Plan to Get Going FSTR...**

Name \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

From what I learned and thought about today, these are the steps I definitely need to take and will do *within the next 48 hours* ...

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

These are the people, places, or programs I need to contact for support or assistance in getting these done...

1 \_\_\_\_\_ Phone # \_\_\_\_\_

2 \_\_\_\_\_ Phone # \_\_\_\_\_

3 \_\_\_\_\_ Phone # \_\_\_\_\_

4 \_\_\_\_\_ Phone # \_\_\_\_\_

5 \_\_\_\_\_ Phone # \_\_\_\_\_

These are people or places or things I should definitely avoid because they are likely to interfere with my accomplishing these things...

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

This is who I am sharing this plan with, and am asking to check in with me to make sure I'm on track and getting things done...

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**The important dates, meetings or appointments in the next few days are:**

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

**My Next Seven Day Change Plan to Keep Going FSTR...**

Name \_\_\_\_\_

Start Date \_\_\_\_\_ 7 Days from now is \_\_\_\_\_

From what I learned and thought about in the last 48 hours, these are the steps I definitely need to take and will do *during the next 7 days* ...

1 \_\_\_\_\_ How often? \_\_\_\_\_

2 \_\_\_\_\_ How often? \_\_\_\_\_

3 \_\_\_\_\_ How often? \_\_\_\_\_

4 \_\_\_\_\_ How often? \_\_\_\_\_

5 \_\_\_\_\_ How often? \_\_\_\_\_

These are the people, places, or programs I need to contact for support or assistance in getting these done...

1 \_\_\_\_\_ Phone # \_\_\_\_\_

2 \_\_\_\_\_ Phone # \_\_\_\_\_

3 \_\_\_\_\_ Phone # \_\_\_\_\_

4 \_\_\_\_\_ Phone # \_\_\_\_\_

5 \_\_\_\_\_ Phone # \_\_\_\_\_

These are people or places or things I should definitely avoid because they are likely to interfere with my accomplishing these things...

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

This is who I am sharing this plan with, and am asking to check in with me to make sure I'm on track and getting things done...

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**The important dates, meetings or appointments in the next week are:**

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

**My Next 30 Day Change Plan to Continue Going FSTR...**

Name \_\_\_\_\_

Start Date \_\_\_\_\_ 30 Days from today is \_\_\_\_\_

From what I learned and thought about in the last Week, these are the steps I definitely need to take and will do *over the next 30 days* ...

1 \_\_\_\_\_ How often? \_\_\_\_\_

2 \_\_\_\_\_ How often? \_\_\_\_\_

3 \_\_\_\_\_ How often? \_\_\_\_\_

4 \_\_\_\_\_ How often? \_\_\_\_\_

5 \_\_\_\_\_ How often? \_\_\_\_\_

These are the people, places, or programs I need to maintain contact with for continuing support or assistance in getting these done...

1 \_\_\_\_\_ Phone # \_\_\_\_\_

2 \_\_\_\_\_ Phone # \_\_\_\_\_

3 \_\_\_\_\_ Phone # \_\_\_\_\_

4 \_\_\_\_\_ Phone # \_\_\_\_\_

5 \_\_\_\_\_ Phone # \_\_\_\_\_

These are people or places or things I should definitely avoid because they are likely to interfere with my accomplishing these things...

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

This is who I am sharing this plan with, and am asking to check in with me to make sure I'm on track and getting things done...

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**The important dates, meetings or appointments this month are:**

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

**My Maintenance Plan to Continue Going FSTR...**

Name \_\_\_\_\_

Start Date \_\_\_\_\_ Review Dates \_\_\_\_\_

Considering everything in the past month, these are the steps I've taken, definitely need, and will continue for me and my family ...

1 \_\_\_\_\_ How often? \_\_\_\_\_

2 \_\_\_\_\_ How often? \_\_\_\_\_

3 \_\_\_\_\_ How often? \_\_\_\_\_

4 \_\_\_\_\_ How often? \_\_\_\_\_

5 \_\_\_\_\_ How often? \_\_\_\_\_

These are the people, places, or programs I need to maintain contact with for continuing support or assistance in keeping these going...

1 \_\_\_\_\_ Phone # \_\_\_\_\_

2 \_\_\_\_\_ Phone # \_\_\_\_\_

3 \_\_\_\_\_ Phone # \_\_\_\_\_

4 \_\_\_\_\_ Phone # \_\_\_\_\_

5 \_\_\_\_\_ Phone # \_\_\_\_\_

These are people or places or things I should definitely avoid because they are likely to interfere with my accomplishing these things...

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

This is who I am sharing this plan with, and am asking to check in with me to make sure I'm on track and keeping these changes going...

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

**My regular important dates, meetings or appointments are:**

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

# Readiness Ruler for Change in Quality of Life Areas

The items below are strongly associated with Quality of Life. Using the rulers shown below, indicate how ready you are to make a Change for the better in each of these areas.

If you are *not at all* ready to make a change, you would circle the 1. If you are *already trying very hard* to make a change, you would circle the 10.

If you are somewhere in between in being ready to change, you would circle the number in between to show where you are right now.

If an area was something that needed to change and you have already successfully done so for more than 6 months, put a mark in the box labeled **DONE**

If an area is fully satisfying to you, or does not apply to you, check the box on the right labeled "does not apply to me"

QUALITY OF LIFE AREA	Not Ready to Change		Unsure			Ready to Change			Trying hard to Change		DONE	Does not Apply to Me
	1	2	3	4	5	6	7	8	9	10		
<b>Goals-and-Values</b> are your beliefs about what matters most in life and how you should live	1	2	3	4	5	6	7	8	9	10		
<b>Health</b> means having good nutrition and being physically fit	1	2	3	4	5	6	7	8	9	10		
<b>Self-Esteem</b> means liking and respecting yourself	1	2	3	4	5	6	7	8	9	10		
<b>Money</b> is what you earn or have to meet your needs	1	2	3	4	5	6	7	8	9	10		
<b>Work</b> means your career or how you spend most of your time	1	2	3	4	5	6	7	8	9	10		
<b>Play</b> means what you do in your free time to relax, have fun, or improve yourself	1	2	3	4	5	6	7	8	9	10		
<b>Learning</b> means gaining new skills or information	1	2	3	4	5	6	7	8	9	10		
<b>Creativity</b> is using your imagination to come up with new and clever ways to solve everyday problems	1	2	3	4	5	6	7	8	9	10		
<b>Helping</b> means helping others in need or helping to make your community a better place to live	1	2	3	4	5	6	7	8	9	10		
<b>Habits</b> means regular patterns of behavior, including alcohol & drug use	1	2	3	4	5	6	7	8	9	10		
<b>Love Relationship</b> is a very close romantic relationship with another person.	1	2	3	4	5	6	7	8	9	10		
<b>Friends</b> are people (not relatives) you know well and care about	1	2	3	4	5	6	7	8	9	10		
<b>Children</b> means how you get along with, play or visit your child (or other children)	1	2	3	4	5	6	7	8	9	10		
<b>Relatives</b> means how you get along with your parents, grandparents, brothers, sisters, aunts, uncles, inlaws	1	2	3	4	5	6	7	8	9	10		
<b>Home</b> is where you live, how safe it is, and how you like its condition	1	2	3	4	5	6	7	8	9	10		
<b>Neighborhood</b> is the area around your home and the people there	1	2	3	4	5	6	7	8	9	10		
<b>Community</b> is the whole city, town, or rural area where you live	1	2	3	4	5	6	7	8	9	10		

## FSTR Overall Quality of Life Rating

Listed below are a number of items that appear to be most associated with happiness, well-being, and overall satisfaction with life. Using the scales below please rate how satisfied or dissatisfied you are in each life area.

For example, if you are completely satisfied with an area you would circle a +6. If you are completely dissatisfied you would circle a -6. If you are somewhere in between you would circle the number that best represents where you are.

COMPLETELY DISSATISFIED -6   -5   -4   -3   -2   -1	QUALITY OF LIFE AREA	+1   +2   +3   +4   +5   +6 COMPLETELY SATISFIED
-6   -5   -4   -3   -2   -1	<b>Goals-and-Values</b> are your beliefs about what matters most in life and how you should live	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Health</b> means having good nutrition and being physically fit	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Self-Esteem</b> means liking and respecting yourself	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Money</b> is what you earn or have to meet your needs	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Work</b> means your career or how you spend most of your time	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Play</b> means what you do in your free time to relax, have fun, or improve yourself	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Learning</b> means gaining new skills or information	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Creativity</b> is using your imagination to come up with new and clever ways to solve everyday problems	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Helping</b> means helping others in need or helping to make your community a better place to live	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Habits</b> means regular patterns of behavior, including alcohol & drug use	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Love Relationship</b> is a very close romantic relationship with another person.	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Friends</b> are people (not relatives) you know well and care about	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Children</b> means how you get along with, play or visit your child (or other children)	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Relatives</b> means how you get along with your parents, grandparents, brothers, sisters, aunts, uncles, inlaws	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Home</b> is where you live, how safe it is, and how you like its condition	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Neighborhood</b> is the area around your home and the people there	+1   +2   +3   +4   +5   +6
-6   -5   -4   -3   -2   -1	<b>Community</b> is the whole city, town, or rural area where you live	+1   +2   +3   +4   +5   +6

## FSTR SELF ASSESSMENT OF AREAS CONSIDERED CRITICAL BY CYFD

In evaluating the potential of a family to do harm or care effectively for children, the Children, Youth and Family Department (CYFD) considers several factors of strengths and risks.

The following may be helpful in conducting your own **self-assessment** in some of the areas considered most important by CYFD. For each area you should reflect honestly on yourself and choose a rating from 0 (no problem) to 3 (severe problem).

There is also a section for you to consider how the personnel from CYFD or the Courts might rate you, and to note if there might be agreement or disagreement between your rating and theirs.

Assessment Area	My Self Rating				Possible CYFD or Court Rating				Is there Agreement or disagreement in your ratings?	
	No Problem 0	Mild Problem 1	Moderate Problem 2	Severe Problem 3	No Problem 0	Mild Problem 1	Moderate Problem 2	Severe Problem 3		
<b>Emotional/Mental Health</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Parenting Skills</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Family Relationships</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Alcohol and other Drug Use</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Children's Problems And Development</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Social Support Systems</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Communication &amp; People Skills</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Caretaker's Abuse or Neglect History</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Caretaker's Daily Living Skills</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Physical Health in the household</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Literacy Level in the household</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Housing and the Environment</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Employment and Income</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>Use of Community Resources</b>	0	1	2	3	0	1	2	3	AGREE	DISAGREE
<b>TOTAL SCORES</b>									#	#

## Substance Use Consequences Questionnaire

Below is a list of things that sometimes happen to people either during or after they have been drinking alcohol or using other drugs. Next to each item below, please mark an "X" in either the NO or the YES column to indicate whether that item describes something that has happened to you **IN THE PAST YEAR**.

In the past year...	NO	YES
1. I have had a hangover (headache, sick stomach) the morning after I had been drinking or using.		
2. I have taken foolish risks when I have been drinking or using.		
3. I've not been able to remember large stretches of time when drinking or using.		
4. The quality of my work or school work has suffered because of my drinking or using.		
5. I have had less energy or felt tired because of my drinking or using.		
6. My drinking or using has gotten me into sexual situations I later regretted.		
7. I often have ended up drinking or using on nights when I had planned not to drink.		
8. My physical appearance has been harmed by my drinking or using.		
9. While drinking or using, I have said or done embarrassing things.		
10. I have felt very sick to my stomach or thrown up after drinking or using.		
11. I have not gone to work or missed classes at school because of drinking or using or having a hangover, or illness caused by drinking or using.		
12. When drinking or using, I have done impulsive things I regretted later.		
13. I have been overweight or underweight because of drinking or using.		
14. I have woken up in an unexpected place after drinking or using.		
15. I have spent too much time or money drinking or using.		
16. I have felt badly about myself because of my drinking.		
17. My drinking or using has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives.		
18. I have felt like I needed a drink or a drug after I'd gotten up (that is, before breakfast).		
19. I have driven a car when I knew I had too much to drink or used to drive safely.		
20. I have neglected my obligations to family, work, or school because of drinking or use.		
21. I have often found it difficult to limit how much I drink or use.		
22. I have passed out from drinking or using.		
23. I have become very rude, obnoxious, or insulting after drinking or using.		
24. I have found that I needed larger amounts of alcohol or other drug to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk.		

**Please check the box under each statement to indicate how well the statement describes you....**

1. New ideas and projects sometimes distract me from previous ones.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

2. Setbacks don't discourage me.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

3. I have been obsessed with a certain idea or project for a short time but later lost interest.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

4. I am a hard worker.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

5. I often set a goal but later choose to pursue a different one.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

6. I have difficulty maintaining my focus on projects that take more than a few months to complete.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

7. I finish whatever I begin.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

8. I am diligent.

- \_ Very much like me
- \_ Mostly like me
- \_ Somewhat like me
- \_ Not much like me
- \_ Not like me at all

Here are a number of personal traits that may or may not apply to you. Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement.

You should rate the extent to which the set of words applies to you, even if one word applies more strongly than the other.

<b>Strongly Disagree</b>	<b>Moderately Disagree</b>	<b>Disagree a Little</b>	<b>Neither Agree nor Disagree</b>	<b>Agree a Little</b>	<b>Moderately Agree</b>	<b>Strongly Agree</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

I see myself as:

1. \_\_\_\_\_ Extraverted, enthusiastic.
2. \_\_\_\_\_ Critical, quarrelsome.
3. \_\_\_\_\_ Dependable, self-disciplined.
4. \_\_\_\_\_ Anxious, easily upset.
5. \_\_\_\_\_ Open to new experiences, complex.
6. \_\_\_\_\_ Reserved, quiet.
7. \_\_\_\_\_ Sympathetic, warm.
8. \_\_\_\_\_ Disorganized, careless.
9. \_\_\_\_\_ Calm, emotionally stable.
10. \_\_\_\_\_ Conventional, uncreative.

**Please complete the items on the back of this sheet**

# First Steps Training Rating Scale

Date _____
Age (Yrs): _____ Sex: M / F

Please rate today's training by placing a mark on the line nearest to the description that best fits your experience.

## Respect:

I did not feel heard, understood, and respected

I-----I

I felt heard, understood, and respected

## Goals and Topics:

We did *not* work on or talk about what I needed to work on and talk about

I-----I

We worked on and talked about what I needed to work on and talk about

## Approach or Method:

This training's approach is not a good fit for me.

I-----I

This training's approach is a good fit for me.

## Mentoring:

There is not much chance I will be contacting or using a Mentor

I-----I

There is a very good chance I will be contacting or using a Mentor

## Overall:

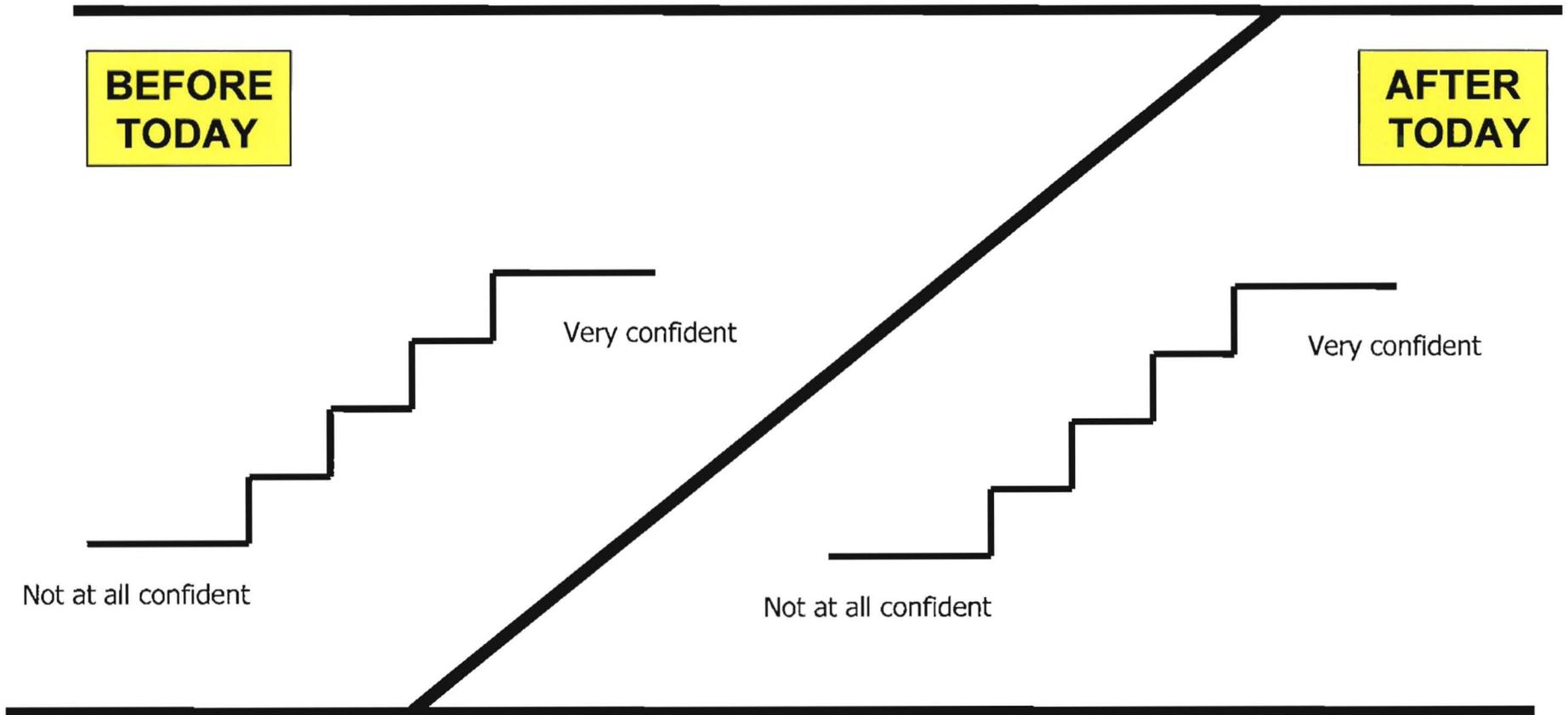
There was something missing in the training today

I-----I

Overall, today's training was right for me

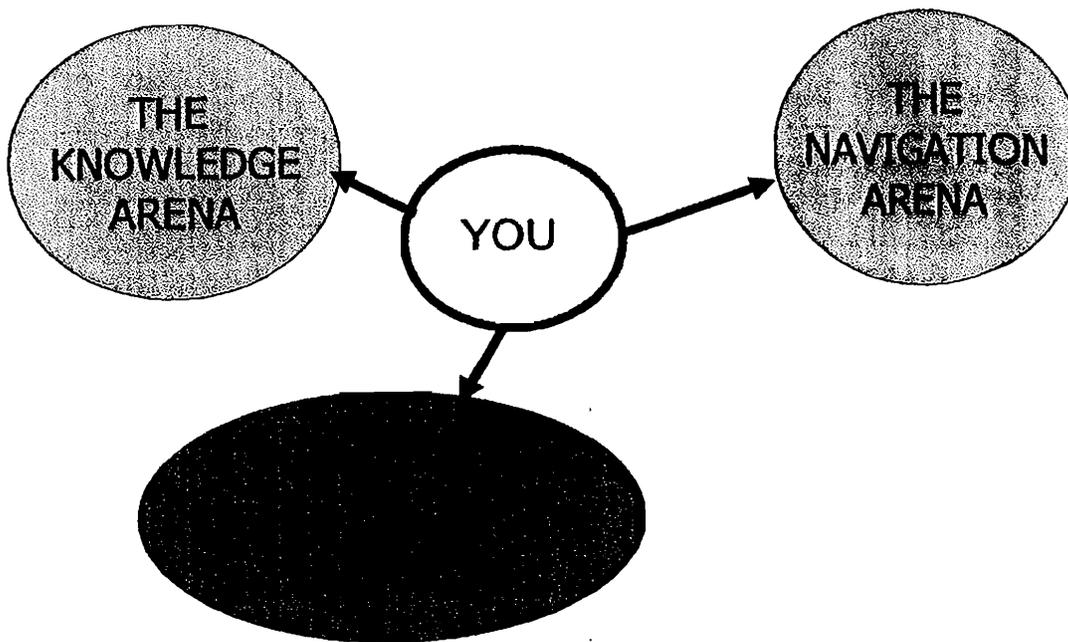
Please make any additional comments about today's training in the space below or on the back.

How confident are you that you can understand the system, change your life and get your family back?



Place an 'X' on the steps that best indicate your confidence level before and after

# Three Fundamental Arenas Where Mentors Can help



## **KNOWLEDGE**

What do you wish you knew more about?

## **NAVIGATION**

What parts of the system is hard to understand? What resources do you need to know how find and use?

## **EMPOWERMENT**

What skills do you think you will need to get through this? What might give you more confidence?

## **REQUESTING A MENTOR**

I think it be helpful to have a Mentor on my team. Please contact me:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

**FIRST STEPS TO REUNIFICATION PROGRAM**

**Authorization to share information and  
Acknowledgement of Privacy Practices**

**PLEASE PRINT NAME** \_\_\_\_\_

1. I understand that information about myself and family may be discussed in this training today and that I have authority to disclose only that information I am comfortable sharing.
  
2. I understand that others in this group may share information about themselves and I agree to respect their privacy and not further discuss their information outside this group. I expect that my privacy will be respected in turn.
  
3. I understand that the team and volunteers conducting or attending this training will respect the privacy of my information and will maintain its confidentiality except in cases where harm is threatened to myself or other persons.
  
4. I understand that my attendance and completion of this training will be reported to the Judges, attorneys, or CYFD personnel who referred you. If any other information is requested or I would like shared, it may be released if I sign an additional *Release of Information Form*.

CLIENT SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

PROGRAM REPRESENTATIVE SIGNATURE

\_\_\_\_\_ DATE \_\_\_\_\_

## First Steps Towards Reunification Client Information Form (FSTR)

Welcome to this program. We look forward to providing you with excellent and efficient training. Please take a few minutes to fill out this form. The information will help us better understand your situation as well as potential solutions in helping you get your life back on track. Please note - the information is confidential and will not be released to anyone without your written permission.

NAME (please print) \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

### Strengths and Good Things You Have

Please circle the words below to describe how much of the following you believe you have

#### Home

- |                                     |        |               |             |           |     |
|-------------------------------------|--------|---------------|-------------|-----------|-----|
| 1. I feel part of the family        | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 2. I get along with my spouse       | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 3. I am physically healthy          | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 4. I have an enjoyable social life  | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 5. I feel accepted by others        | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 6. I am a good father/mother        | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 7. I participate in decision making | Seldom | Just a little | Pretty Much | Very Much | N/A |

#### Work

- |                                       |        |               |             |           |     |
|---------------------------------------|--------|---------------|-------------|-----------|-----|
| 1. I get to work on time              | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 2. I get along with my co-workers     | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 3. I am respected by my co-workers    | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 4. I am respected by my supervisor(s) | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 5. I enjoy working                    | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 6. I have realistic career goals      | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 7. I am a hard worker                 | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 8. I balance home and work            | Seldom | Just a little | Pretty Much | Very Much | N/A |

#### Emotional

- |                                              |        |               |             |           |     |
|----------------------------------------------|--------|---------------|-------------|-----------|-----|
| 1. I cope well with frustration              | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 2. I cope well with disappointment           | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 3. I use anger constructively                | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 4. I am satisfied with life                  | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 5. I accept responsibilities for my mistakes | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 6. I drink (alcohol) responsibly             | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 7. I can take constructive criticism         | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 8. I think before I act                      | Seldom | Just a little | Pretty Much | Very Much | N/A |
| 9. I have good self-esteem                   | Seldom | Just a little | Pretty Much | Very Much | N/A |

## Social

1. I make and keep friends	Seldom	Just a little	Pretty Much	Very Much	N/A
2. I'm open to new ideas	Seldom	Just a little	Pretty Much	Very Much	N/A
3. I am considerate of others	Seldom	Just a little	Pretty Much	Very Much	N/A
4. I stand up for myself	Seldom	Just a little	Pretty Much	Very Much	N/A
5. I show leadership	Seldom	Just a little	Pretty Much	Very Much	N/A
6. I am able to compromise	Seldom	Just a little	Pretty Much	Very Much	N/A
7. I'm comfortable around others	Seldom	Just a little	Pretty Much	Very Much	N/A
8. I get along with others	Seldom	Just a little	Pretty Much	Very Much	N/A

## Attention

1. I cope with external distraction	Seldom	Just a little	Pretty Much	Very Much	N/A
2. I maintain attention to tasks	Seldom	Just a little	Pretty Much	Very Much	N/A
3. I follow through on tasks	Seldom	Just a little	Pretty Much	Very Much	N/A
4. I am able to compromise	Seldom	Just a little	Pretty Much	Very Much	N/A

## Problems That You Are Struggling With Right Now

Please check (X) by all those that apply to you.

- |                                                                  |                                                         |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Depression                              | <input type="checkbox"/> Parent-child conflict (self)   |
| <input type="checkbox"/> Anxiety or panic attacks                | <input type="checkbox"/> Parent-child conflict (spouse) |
| <input type="checkbox"/> Suicidal thoughts                       | <input type="checkbox"/> Marital/relationship problems  |
| <input type="checkbox"/> Suicidal actions                        | <input type="checkbox"/> Remarried family problems      |
| <input type="checkbox"/> Brother/sister problem                  | <input type="checkbox"/> Anger/temper problems          |
| <input type="checkbox"/> Violence in family-actual or threatened | <input type="checkbox"/> Job/school problem             |
| <input type="checkbox"/> Sexual problem                          | <input type="checkbox"/> Sexual Abuse - Adult/Child     |
| <input type="checkbox"/> Unemployed                              | <input type="checkbox"/> Low self - esteem              |
| <input type="checkbox"/> Legal problems                          | <input type="checkbox"/> Eating problems                |
| <input type="checkbox"/> Compulsive gambling                     | <input type="checkbox"/> Major losses/difficult changes |
| <input type="checkbox"/> Death of a loved one                    | <input type="checkbox"/> Communication problems         |
| <input type="checkbox"/> Alcohol                                 | <input type="checkbox"/> Drugs                          |

## Other Problems You Have Now, or Have Had Recently

Please check (X) by all those that apply to you

- |                                                                                        |                                                                 |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Sleep problems                                                | <input type="checkbox"/> Change in appetite                     |
| <input type="checkbox"/> Difficulty falling asleep                                     | <input type="checkbox"/> Gaining weight (specify _____)         |
| <input type="checkbox"/> Waking in the middle of the night                             | <input type="checkbox"/> Losing weight (specify _____)          |
| <input type="checkbox"/> Waking too early                                              | <input type="checkbox"/> Not hungry or not eating               |
| <input type="checkbox"/> Sleeping too much                                             | <input type="checkbox"/> Throwing up after eating               |
| <input type="checkbox"/> Nightmares                                                    | <input type="checkbox"/> Feeling sick to my stomach             |
| <input type="checkbox"/> Moody or crying more than usual                               | <input type="checkbox"/> Constipation or diarrhea               |
| <input type="checkbox"/> Difficulties concentrating                                    | <input type="checkbox"/> Feeling guilty, worthless, or hopeless |
| <input type="checkbox"/> Problems remembering things                                   | <input type="checkbox"/> Fatigue/low energy                     |
| <input type="checkbox"/> Withdrawing from others                                       | <input type="checkbox"/> Hyper/too much energy                  |
| <input type="checkbox"/> Repeated actions I can't stop                                 | <input type="checkbox"/> Loss of interest in things             |
| <input type="checkbox"/> Can't stop washing hands/body, counting<br>or checking things | <input type="checkbox"/> Disturbing thoughts I can't stop       |
| <input type="checkbox"/> People picking on me                                          | <input type="checkbox"/> Low self esteem                        |
| <input type="checkbox"/> Self-harm                                                     | <input type="checkbox"/> Hallucinations                         |
| <input type="checkbox"/> I cut myself                                                  | <input type="checkbox"/> I hear things that are not real        |
|                                                                                        | <input type="checkbox"/> I see things that are not real         |

( ) I burn myself

( ) I hit myself

( ) I smell things that are not real

( ) I feel things that are not real

( ) Other problems \_\_\_\_\_

**Sources of Stress**

Please list the major reasons that brought you into the Courts and CYFD systems. This may include certain problems, issues, significant losses or changes that are causing you stress.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Previous Counseling, Social Services, Or Rehab (if none, write "None")**

<u>Therapist or Agency</u>	<u>From/to</u>	<u>Reasons</u>

What was helpful and/or not helpful about your previous/current counseling or social services experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current medication you regularly take—**

**Please include prescription, over the counter, and any herbal remedies(if none, write "None")**

<u>Name of Medication</u> <u>often/day</u>	<u>Dosage</u>	<u>How</u>

**Family Information**

Are you \_\_\_\_\_ Female \_\_\_\_\_ Male

Your Age \_\_\_\_\_

Please list the adults that you currently live with

Name

Relationship

Age

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

Please give names and ages of your children

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

Does your family have any psychiatric or substance abuse history? (please list) \_\_\_\_\_

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

Does your family have a history of major health problems? (please list)

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

**Please list family, friends, support groups and community groups that are helpful to you**

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

Have you ever been in the military? NO YES(describe) \_\_\_\_\_

Are you currently in school or a training program? NO YES (describe) \_\_\_\_\_

What is your highest level of your schooling? \_\_\_\_\_

How well would you say you are doing (or did) in school? \_\_\_\_\_

**Current Functioning**

Please place an "X" on the following scale to indicate how well you are coping at the present time. 100% means that you are coping the best that you can considering your situation.

0%-----10%-----20%-----30%-----40%-----50%-----60%-----70%-----80%-----90%-----100%

( ) I burn myself

( ) I hit myself

( ) I smell things that are not real

( ) I feel things that are not real

( ) Other problems \_\_\_\_\_

**Sources of Stress**

Please list the major reasons that brought you into the Courts and CYFD systems. This may include certain problems, issues, significant losses or changes that are causing you stress.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Previous Counseling, Social Services, Or Rehab (if none, write "None")**

Therapist or Agency

From/to

Reasons

<u>Therapist or Agency</u>	<u>From/to</u>	<u>Reasons</u>

What was helpful and/or not helpful about your previous/current counseling or social services experience?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current medication you regularly take--**

**Please include prescription, over the counter, and any herbal remedies(if none, write "None")**

**Name of Medication**  
**often/day**

**Dosage**

**How**

<b><u>Name of Medication</u></b> <b><u>often/day</u></b>	<b><u>Dosage</u></b>	<b><u>How</u></b>

## Your responses are completely confidential

**YOUR INITIALS:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**TODAYS DATE:** \_\_\_\_\_ **First Steps to Reunification**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |     |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|-----|
| <p>➤ Have you been depressed or down, <b>most of the day, nearly every day</b>, for the past two weeks?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NO | YES | → A |
| <p>➤ In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy <b>most of the time</b>?</p>                                                                                                                                                                                                                                                                                                                                                                                                             | NO | YES | → A |
| <p>➤ In the past month did you think that you would be better off dead or wish you were dead?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NO | YES | → B |
| <p>➤ In the past month have you thought about killing yourself?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO | YES | → B |
| <p>➤ Have you <b>ever</b> had a period of time when you were feeling 'up' or 'high' or 'hyper' or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.)</p>                                                                                                                                                                                                                                                                       | NO | YES | → C |
| <p>➤ Have you <b>ever</b> been persistently irritable, for several days, so that you had arguments or verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or over reacted, compared to other people, even in situations that you felt were justified?</p>                                                                                                                                                                                                                                        | NO | YES | → C |
| <p>➤ Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way? Did the spells surge to a peak, within 10 minutes of starting?<br/><small>CODE YES ONLY IF THE SPELLS PEAK WITHIN 10 MINUTES.</small></p>                                                                                                                                                                                                                                   | NO | YES | → D |
| <p>➤ Did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO | YES | → D |
| <p>➤ Do you feel anxious or uneasy in places or situations where help might not be available or escape might be difficult: like being in a crowd, standing in a line (queue), when you are away from home or alone at home, or when crossing a bridge, traveling in a bus, train or car?</p>                                                                                                                                                                                                                                                                                   | NO | YES | → E |
| <p>➤ In the past <b>month</b> did you have persistent fear and significant anxiety at being watched, being the focus of attention, or of being humiliated or embarrassed? This includes things like speaking in public, eating in public or with others, writing while someone watches, or being in social situations.</p>                                                                                                                                                                                                                                                     | NO | YES | → F |
| <p>➤ In the past <b>month</b> have you been bothered by recurrent thoughts, impulses, or images that were unwanted, distasteful, inappropriate, intrusive, or distressing? (e.g., the idea that you were dirty, contaminated or had germs, or fear of contaminating others, or fear of harming someone even though you didn't want to, or fearing you would act on some impulse, or fear or superstitions that you would be responsible for things going wrong, or obsessions with sexual thoughts, images or impulses, or hoarding, collecting, or religious obsessions.)</p> | NO | YES | → G |
| <p>➤ In the past <b>month</b>, did you do something repeatedly without being able to resist doing it, like washing or cleaning excessively, counting or checking things over and over, or repeating, collecting, or arranging things, or other superstitious rituals?</p>                                                                                                                                                                                                                                                                                                      | NO | YES | → G |

- ↓
- Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? EXAMPLES OF TRAUMATIC EVENTS INCLUDE SERIOUS ACCIDENTS, SEXUAL OR PHYSICAL ASSAULT, A TERRORIST ATTACK, BEING HELD HOSTAGE, KIDNAPPING, FIRE, DISCOVERING A BODY, SUDDEN DEATH OF SOMEONE CLOSE TO YOU, WAR, OR NATURAL DISASTER. NO YES → H
  - Did you respond to the trauma with intense fear, helplessness, or horror? NO YES → H
  - During the past month, have you re-experienced the event in a distressing way (such as, dreams, intense recollections, flashbacks or physical reactions)? NO YES → H
  - In the past **12 months**, have you had 3 or more alcoholic drinks within a 3 hour period on 3 or more occasions? NO YES → I
  - The following is a list of street drugs or medicines. In the past **12 months**, did you take any of these drugs more than once, to get high, to feel elated, to get a buzz, or to change your mood? NO YES → J
  - Please circle any that you have used in the past **12 months**

amphetamines	speed, crystal meth	Dexedrine®, Ritalin®	diet pills, rush	THC, marijuana, cannabis, hashish
Cocaine, crack	steroids, GHB	Valium®, Xanax®	Ativan	barbiturates
heroin	morphine, methadone	opium, Demerol®	codeine	Percodan®, OxyContin®, Vicodin®
LSD, mescaline	PCP, angel dust, ecstasy	MDA, MDMA	ketamine	inhalants glue, ether
  - Have you ever believed that people were spying on you or that someone was plotting against you or trying to hurt you? NO YES
  - Have you ever heard things other people couldn't hear such as voices? NO YES
  - Have you ever had visions when you were awake or have you ever seen things other people couldn't see? NO YES
  - How tall are you?  
|\_|\_|\_| inches
  - What was your lowest weight in the past 3 months?  
|\_|\_|\_| lbs
- |    |     |     |
|----|-----|-----|
| NO | YES | → M |
|----|-----|-----|
- 
- In the past **three months**, did you have eating binges or times when you ate a very large amount of food within a **2-hour** period? NO YES → N
  - In the last **3 months**, did you have eating binges as often as twice a week? NO YES → N
  - Were you **excessively** anxious or worried about several routine things over the past 6 months? NO YES → O

# DUKE HEALTH PROFILE (The DUKE)

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Duke University Medical Center, Durham, N.C., U.S.A.

Date Today: \_\_\_\_\_ Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

**INSTRUCTIONS:** Here are some questions about your health and feelings. Please read each question carefully and check (✓) your best answer. You should answer the questions in your own way. There are no right or wrong answers. (Please ignore the small scoring numbers next to each blank.)

	Yes, describes me exactly	Somewhat describes me	No, doesn't describe me at all
1. I like who I am . . . . .	12 _____	11 _____	10 _____
2. I am not an easy person to get along with . . . . .	20 _____	21 _____	22 _____
3. I am basically a healthy person . . . . .	32 _____	31 _____	30 _____
4. I give up too easily . . . . .	40 _____	41 _____	42 _____
5. I have difficulty concentrating . . . . .	50 _____	51 _____	52 _____
6. I am happy with my family relationships . . . . .	62 _____	61 _____	60 _____
7. I am comfortable being around people . . . . .	72 _____	71 _____	70 _____

**TODAY** would you have any physical trouble or difficulty:

	None	Some	A Lot
8. Walking up a flight of stairs . . . . .	82 _____	81 _____	80 _____
9. Running the length of a football field . . . . .	92 _____	91 _____	90 _____

**DURING THE PAST WEEK:** How much trouble have you had with:

	None	Some	A Lot
10. Sleeping. . . . .	102 _____	101 _____	100 _____
11. Hurting or aching in any part of your body. . . . .	112 _____	111 _____	110 _____
12. Getting tired easily . . . . .	122 _____	121 _____	120 _____
13. Feeling depressed or sad . . . . .	132 _____	131 _____	130 _____
14. Nervousness . . . . .	142 _____	141 _____	140 _____

**DURING THE PAST WEEK:** How often did you:

	None	Some	A Lot
15. Socialize with other people (talk or visit with friends or relatives). . . . .	150 _____	151 _____	152 _____
16. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties). . . . .	160 _____	161 _____	162 _____

**DURING THE PAST WEEK:** How often did you:

	None	1-4 Days	5-7 Days
17. Stay in your home, a nursing home, or hospital because of sickness, injury, or other health problem. . . . .	172 _____	171 _____	170 _____

**Major Helping Resource Agencies in the Roswell Area**

**Access to Visitation  
Chaves County CASA  
Program**

625-0112  
500 N. Main #3140  
Provides supervised  
visitations between  
parents and children

**Adult Basic Education**

52 University Drive  
624-7241  
Eastern New Mexico  
University  
Hilda Pacheco-Peeples,  
Assistant Director

**Adult Protective  
Services**

1-800-432-2080

**Assistance League of  
Chaves County**

2601 N. Aspen Rd.  
622-5255  
Helen Alpers  
Clothing for school age  
children K-8<sup>th</sup> grade.  
Also dental work for  
children (referred by  
school nurse).

**Boys & Girls Club of  
Roswell**

201 S. Garden Street  
623-3196  
Gus Garza or Cecilia  
For children—after  
school activities—  
Adults—GED  
Wings for LIFE holds its  
bimonthly meetings  
there

**Community Action  
Program**

(CAP)  
(rent and utilities)  
624-1285

**Chaves County Career  
Center (WIA)**

500 N. Main St. 912  
627-5815  
Annie Gutierrez  
Mon. 9 am and Thurs. 2  
PM to learn eligibility  
requirements  
Help train for job and  
higher education  
Clothing for Interviews

**Chaves County  
Maternal Child Health  
Program**

809 W. Alameda St.  
625-6975  
Lila Doyle  
For Pregnant Women  
and children up to 3  
years old  
Helps with prenatal  
education, referrals to  
health care providers  
and assistant obtaining  
pay services for care.

**Chaves County  
Pregnancy Resource  
Center**

2003 S. Main St.  
623-1217  
Shauna D. Adkins  
Agency educates women  
in crisis pregnancy as to  
options and services  
available

**Chemical Dependency  
Unit**

31 Gail Harris Avenue --  
Roswell Rehab.  
347-3400  
Three-week inpatient  
substance abuse  
treatment for adults.

**Childbirth education  
Classes for New and  
Veteran Moms**

405 W. Country Club  
Road  
624-8704 Carolina Rede  
or Michele Holmes  
Program provides  
childbirth education for  
new moms and their  
coaches

**Child Care Referral  
Services**

704 S. Sunset Ave.  
622-9000 Referral Line  
Becky Aguilar  
Helps with childcare  
centers, preschools, day  
care homes and school  
age programs.

**Child Care Services  
Bureau**

#4 Grand Avenue Plaza  
625-1078  
Theresa Brewton  
9-11:30 am or 1:30-4pm  
(walk ins or call for  
appt.)  
Childcare assistance—  
can help pay cost of  
childcare.  
Commodity  
supplemental Food  
Program

**Chaves County CASA**

500 N. Main Street,  
#314  
P.O. Box 2131  
625-0112  
Carrie-Leigh Cloutier

**Counseling Associates**

Intensive Outpatient  
Treatment Program  
Mental Health Program  
110 E. Mescalero Road  
623-1480  
Beth Becerra

**Div. of Vocational  
Rehabilitation Roswell**

1014 S. Atkinson Ave.  
624-6024  
Terri Douglass, Program  
Manager  
Mon-Fri 8am—5pm  
Client requirement is  
permanent physical or  
mental impairment  
(substance abuse  
problems) Having  
doctor's diagnosis saves  
time in getting services.  
Works with Forgiven  
Counseling Services and  
other programs.

**Domestic Violence**

Victim Services  
1215B N. Garden Street  
624-3222  
Sherry Mumford  
Intervention Shelter,  
Court Advocacy, etc.

**Dry Harbor Club**

200 E. Van Buren Street  
624-2558  
Marcy Sloan  
Mon/Fr 11:30am-  
5:45pm, Sat. 10am-2pm  
& 6pm-8pm  
NA, AA, CA 12 Step  
Program

**Eastern New Mexico  
University—Adult  
Basic Education  
Program**

624-7271  
Hilda Pacheco  
TAB Testing, Literacy  
and GED preparation  
Higher Education  
Opportunities

**Employment Testing**

108 E. Bland  
624-6040  
Becky Taute

**Families First**

200 E. Chisum  
624-6050 Ext. 6162  
Pregnant women and  
infant/children 0-3 yrs.

**Family Resource &  
Referral Inc.**

704 S. Sunset Aven.  
623-9438  
Del Journey  
Agency provides  
supportive services and  
training to families. If  
you need help in finding  
something for your  
family—call

**Family Support  
Services**

110 E. Mescalero  
623-1480  
Samantha Reed  
This program provides  
in home services—  
teaching parenting  
household management  
and life skills

**Forever Free**

Faith based 12 Step  
Program and support  
group for all types of  
addictions  
Nathan Padilla and  
Sally Moreno  
840-1075

**Forgiven Counseling  
Services**

Outpatient Substance  
Abuse/Dependency  
Treatment  
1300 Camino Real  
Suite G  
Roswell, NM 88203  
Nathan Padilla, Program  
Director  
840-1075

**Harvest Ministries**

Counseling (works with  
former  
incarcerated), clothes,  
food,  
emergency housing  
(motel  
voucher for homeless in  
emergency  
situations) Pastor Ruby  
624-2415

**Jireh Ministry**

623-2640

Helps with utilities but must register with Salvation Army first.

Helps with some uniforms and clothes. (Do not recommend Salvation Army for services at this time.)

**La Puera Abierta**809 W. Alameda St.  
625-6975

Lucy Moreno, Outreach Worker  
Information and referral that link families with community resources

**Lend-A-Hand**300 N. Missouri  
623-8412

Oversees Programs such as St. Peter's Good Samaritan Program (grocery items, etc.)

**Make an Offer Auto**

(repairs and sells used automobiles)  
5602 N. Main Street  
317-3159  
Keith Graves

**MESA Family Ctr.**

1601 E. Bland St.,  
Portable #32  
627-2809  
Provides GED Classes and English as a Second Language

**MOPS—Mothers of Preschoolers**

500 N. Pennsylvania Ave.

623-4034

Leticia Garza

Any mom with preschool age children (1-5)

Program designed to give mom a timeout for herself

**New Mexico****Department of Health**200 E. Chisum St.  
624-6050

Rebecca Trujillo RN  
Agency provides family planning, Immunizations, etc.

NM Department of Labor

108 E. Bland  
624-6040

Bill Newton, Job Specialist  
Works with those released from jail or with felony charges to find jobs

**NM Human Services Dept.**

Income Support  
1701 S. Sunset Ave.  
625-3000

Lorraine Gutierrez  
Determines Eligibility for Food Stamps, heating, etc.

**New Mexico Legal AID**200 W. First Street,  
Petroleum Bldg., Suite 200

Brett Schneider

Legal services for low-income clients for civil matters, housing, domestic violence and landlord-tenant fair housing. Also denial of Income Support Benefits, etc.

**New Mexico****Rehabilitation Center**31 Gail Harris Ave.  
347-3400

Rehab. for drug and substance abuse

**Parents as Teachers**

704 S. Sunset Ave.  
623-9438 ext. 29  
Education & family support program children from birth to 36 months

**Roswell Literacy Council**609 W. 10<sup>th</sup> Street  
625-1369

Lilly Renteria

Tutoring, GED, English as a Second Language

**Roswell Outreach**

**Center, Children's Closet** for children's clothes, quilts, etc.  
Presbyterian Outreach—utilities, prescriptions, money for ID, tokens for transportation, etc.  
622-4926

**School Age Program**

704 S. Sunset Ave.  
623-9438 Ext. 25  
Any child needing after  
school care

**Workforce Investment  
Act (WIA)**

Tues. 9 AM and Thurs 2  
PM for Orientation  
Bank of America  
500 N. Main, Suite 912  
Help with higher  
education or on the job  
training. Can help with  
resume.

**WIC Nutrition  
Program**

200 E. Chisum Street  
624-6171  
Marty Garcia  
Provides healthy foods  
at no cost  
Must meet income  
guidelines

**Wings for LIFE**

Presbyterian Center  
300 North Missouri  
Ave.  
317-2042  
Shelly Currier  
Support, Empowerment  
and Discussion for  
families with loved ones  
incarcerated,  
probationers, former  
inmates and member os  
the Roswell community  
bi-monthly program at  
the Roswell Boys &  
Girls Club on Sunday  
evenings. Program is  
for entire family.  
Babysitting provided for  
free.

**Women's Economic  
Self-Sufficiency Team  
(WESST Corp)**

624-9850  
Cindy Wilson  
Helps to build  
businesses