Community Connections Worksheet

Who is in your recovery community?

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What activities do you do that help you in your recovery – note if they are daily, weekly or monthly in frequency?

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What can you do to strengthen your community?

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What new things can you try so you don't become complacent in your recovery?

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What things from your current list will you continue after you leave FTC?

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What SMART goal would you like to work on before you leave FTC?

_____

_____

_____

_____

Family / Social Worksheet

How many people - either family and/or friends support your recovery? _____

How many of those people are new since you've joined FTC? _____

List how your family and/or friends support your recovery:

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Do family members and/or friends create barriers? (ex. enabling) Yes No

If Yes, what type of barriers do they create:

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-
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Do you have trouble asking your family/friends for help? Yes No

What do your family/friends help with?

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Do you need stronger or more support? Yes No

If yes, what type of support do you need:

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-

If yes, what will you do to build this support:

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Do you need help learning where and how to meet people to expand your social network? Yes No

Financial Worksheet

Do you have a job? Yes No

If yes, where do you work?

_____

_____

_____

What is your source of income and expenses each month?

Income Source	Amount	Expenses	Amount
		Rent	
		Utilities	
		Phone	
		Food	
		Transportation	
		Activities	
		Daycare	
		Internet	
		Other?	
Total		Total	

Name all the financial resources you use/know about to help you budget?

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List any financial barriers or unmet needs (including cost):

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What are the requirements, if there are any, for your income sources and do you meet them?

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-
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Do you need help with budgeting, saving, or other financial skills? Yes No

If yes, what type of help would benefit you most?

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-
-

Have you taken the Dependency 301 Budgeting class?

Yes No

Housing Worksheet

Do you have safe and affordable housing for the next year in place? Yes No

What type: _____

Are you able to pay your rent each month without support from your FTC team? Yes No

Do you have all the utilities paid and a plan to pay them ongoing? Yes No

Do you know the terms of your lease and how to renew?

Yes No

Do you know how to get in touch with the leasing office or manager? Yes No

If you have a voucher, do you know when that needs to be renewed? Yes No

Do you know when inspections are? Yes No

Do you know what they are there to inspect? Yes No

Medical Care Worksheet

Primary Care

Do you have a primary care doctor? Yes No

Do you have a dentist? Yes No

Wellness Checkups

Do you schedule wellness checkups for yourself and your child(ren), including dental? Yes No

If not, why not? If yes, when is your next appointment?

_____

Why is this important when it comes to your recovery?

_____

Children's Health

Are you up to date on your child(ren)'s appointments (medical, dental, vision)? Yes No

If yes, when is their next appointment and with whom?

_____

If no, what are the barriers to getting these done?

_____

Transportation Worksheet

Do you currently have transportation barriers? Yes No

If yes, what are they:

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Do you have a valid driver's license? Yes No

If driving, do you have insurance? Yes No NA

Do you know the cost of regular maintenance? Yes No

Do you know how to navigate the bus system? Yes No

What support, if any, do you need in obtaining transportation capital?

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