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MY FAMILY CARE PLAN

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OKIMREADY.ORG/TAAM

MY FAMILY CARE PLAN WAS CREATED ON THIS DATE:

WITH THE SUPPORT OF THE FOLLOWING:

My Substance Use Treatment Provider

Provider Name:
Provider Contact Info:

My Prenatal Provider

Provider Name:
Provider Contact Info:

My Home Visiting Program

Provider Name:
Provider Contact Info:

My Child Welfare Case Worker

Provider Name:
Provider Contact Info:

Other (Please Specify Role)

Provider Name:
Provider Contact Info:

THIS FAMILY CARE PLAN BELONGS TO: _____

Pregnancy and parenthood are special times when you make plans to care for yourself and your family. If you use substances like alcohol or drugs, it is especially helpful to create a Family Care Plan. The Family Care Plan is a way for you to advocate for yourself, your family, and even your unborn child. This plan is completely personalized to your journey and will help you in the following ways:

- **Decide** how you will take care of yourself, your baby, and your family
- **Think** about the people who can help.
- **Identify** available resources and information to help you and your family thrive
- **Help** you keep everything organized and stored in one place

Personal and Family Strengths: Please list all of your family's strengths.

MY GOALS:

For each of the categories below, write down things that you are doing well and where you need improvement. Take time and reflect on these, and write a goal for each category.

Family & Friends

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

Parenting

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

Work/School

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

Physical Health

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

Mental Health

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

Recovery Journey

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

Other

What I'm Doing Well _____

Where I Need Improvement _____

My Goals _____

To care for myself and my family and to achieve my goals, I need help with:

Basic Needs

- | | | |
|---|--|--|
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Food Assistance
(SNAP, WIC, Food Pantries) | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Shoes/Clothing | <input type="checkbox"/> Other: | |

Behavioral Health

- | | | |
|---|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Substance Use Treatment |
| <input type="checkbox"/> Medication Assisted
Treatment (MAT) | <input type="checkbox"/> Peer Support | <input type="checkbox"/> Recovery Support
(12-Step Group, NA/AA, etc.) |
| <input type="checkbox"/> Smoking Cessation | <input type="checkbox"/> Other: | |

Healthcare

- | | | |
|--|--|---|
| <input type="checkbox"/> Health Insurance Enrollment | <input type="checkbox"/> Primary Medical Provider | <input type="checkbox"/> Prenatal Care Provider |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Family Planning/Contraception | <input type="checkbox"/> Other: |

Education / Employment / Training Support

- | | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Education (GED, VoTech,
AFSA, etc.) | <input type="checkbox"/> Employment/Training (VoTech,
Community Action, IPS, etc.) | <input type="checkbox"/> TANF |
| <input type="checkbox"/> SSI or Disability | <input type="checkbox"/> Other: | |

Notes

To care for myself and my family and to achieve my goals, I need help with:

Parenting & Family Support

- | | | |
|---|---|--|
| <input type="checkbox"/> Birth Plan | <input type="checkbox"/> Safe Sleep Education | <input type="checkbox"/> Infant Development |
| <input type="checkbox"/> Breastfeeding | <input type="checkbox"/> Home Visiting Program | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Caring for my baby | <input type="checkbox"/> Bonding/Attachment | <input type="checkbox"/> Eat, Sleep, Console |
| <input type="checkbox"/> Parenting Classes | <input type="checkbox"/> Items for my baby (car seat, crib, clothing, etc.) | <input type="checkbox"/> Early Head Start |
| <input type="checkbox"/> Other: | | |

Developmental Support

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> SoonerStart | <input type="checkbox"/> Sooner SUCCESS | <input type="checkbox"/> Developmental Specialist |
| <input type="checkbox"/> Other: | | |

Safety Support

- | | | |
|--|---|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Unsafe Home Environment
(non-functional smoke alarms,
exposed wires, lead paint, etc.) | <input type="checkbox"/> Legal Issues (help with warrants,
CPS, involved in Specialty Court,
Legal Aid, etc.) |
| <input type="checkbox"/> Other: | | |

Notes

- I know that this plan belongs to me and that I can update it at any time. I also understand how my Family Care Plan can help me keep everything together in one place so that it is easier for me to talk to my providers - like my doctors, social workers, treatment professionals, case workers, and court staff - about everything I have been doing to safely take care of myself and my family. It can also help me advocate for myself and identify the things I still need and want to do to help me and my family along my recovery journey.
- I understand that when I bring my plan with me to my and my children's appointments I can use it as a tool to help all my providers have easy access to the important information I choose to keep in my plan. This makes it much easier for them to help me update my plan and keep everyone on the same page and working together to help and support us. My plan is kind of like my recovery resume!
- Lastly, I understand that the providers I chose to share my Family Care Plan with will treat my plan as confidential and **cannot and will not release** it to another person or provider without my consent and a release of information (ROI) form signed by me.

Signature: _____

I know that this plan belongs to me and that I can update it at any time. I also understand how my Family Care Plan can help me keep everything together in one place so that it is easier for me to talk to my providers - like my doctors, social workers, treatment professionals, case workers, and court staff - about everything I have been doing to safely take care of myself and my family. My plan can also help me advocate for myself and identify the things I still need and want to do to help me and my family along my recovery journey. It's kind of like my recovery resume!

CELEBRATE YOUR BRAVERY.

It isn't easy being vulnerable and seeking support. But here you are. Putting yourself and your needs first is the most important step in not only working on your recovery, but also for strengthening your family. Remember that it is okay to struggle as you work toward making a thriving life for you and your family. Be kind to yourself, and throughout your journey do not forget that while being a parent is tough, so are you.

My Family Wellness Plan

When you choose to commit to recovery, there may be bumps in the road. It is important to think through coping strategies ahead of time so that when you may be feeling triggered they can be implemented. Additionally, identifying those who can support you and your children is essential in ensuring your overall family's wellness and safety.

You can complete this wellness plan with the support of your treatment provider or another trusted person.

My warning signs are: _____

**These can be thoughts, feelings, or behaviors that indicate you are at risk for returning to use of substances.*

My effective coping strategies are: _____

**These are things you can do to help lift your mood, manage anxiety, or help take your mind off using – like meditation or exercise.*

My Supporters

Person 1: _____ Person 2: _____ Person 3: _____

Contact #: _____ Contact #: _____ Contact #: _____

**These are people you can talk to if you are thinking about using or need support*

How My Supporters Can Help Me:

What I need to be done:

Who I would like to do it:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Steps I can take to make my environment safer: _____

*These are steps I can take to help me and my family stay safe if I am struggling.

Safe Caregivers

A safe caregiver is a person you choose to leave your baby and/or children with in case of relapse. Ensure the safe caregiver you choose has patience with your child(ren) and a safe place for them to sleep. Also, they should not have a history of violence or drug/alcohol abuse.

I have spoken to the following people and in the case I relapse, my safe caregivers will be:

Name	
Contact #	
Relationship	

Name	
Contact #	
Relationship	

Naloxone (Opioid Reversal Medication)

Yes No I have Naloxone, and I know how to use it.

Yes No I have a support person who has Naloxone and knows how to use it.

Comments: _____

In the Event of a Crisis:

Call Emergency Contact #1: _____

Call Crisis Hotline: _____

Call Emergency Services: _____

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SECTION 1

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MY MEDICAL HISTORY AND CARE



OKLAHOMA
Mental Health &
Substance Abuse

OKIMREADY.ORG/TAAM

THIS IS THE BEGINNING SECTION OF MY FAMILY CARE PLAN.

Things that may be helpful for me to keep in this section of my plan:

- My completed Family Care Plan document
- My support system contact form
- My referral log
- My Wellness Plan
- My family care plan update tracking form



SECTION 2



MY MEDICAL HISTORY AND CARE



OKLAHOMA
Mental Health &
Substance Abuse

OKIMREADY.ORG/TAAM

THIS IS THE SECTION OF MY PLAN WHERE I CAN KEEP INFORMATION RELATED TO MY PAST AND PRESENT MEDICAL CARE.

Things that may be helpful for me to keep in this section of my plan:

- My Insurance Information
- Contact Information for my current OBGYN and Primary Care Provider
- Signed Log of my prenatal appointments, if applicable
- A copy of my birth plan, if applicable
- A copy of my pain management plan for labor, delivery, and postpartum hospitalization, if applicable
- Any other documents that I want to keep in my Family Care Plan that are related to my medical or mental health history or care



SECTION 4



MY CHILD(REN)'S MEDICAL HISTORY AND CARE



OKLAHOMA
Mental Health &
Substance Abuse

OKIMREADY.ORG/TAAM

THIS IS THE SECTION OF MY PLAN THAT I CAN KEEP INFORMATION RELATED TO MY CHILDREN'S MEDICAL CARE.

Things that may be helpful for me to keep in this section of my plan:

- My children's Insurance Information
- Contact Information for my child(ren)'s pediatrician and medical providers
- Pediatrician Appointment Log(s)
 - Date of visit
 - Provider seen (if different from primary)
 - Type of Appointment
 - Notes/Outcome
 - Staff initials/signature
- Copy of vaccination record
- Specialist / Other Provider Appointment Log(s)
 - Date of visit
 - Provider seen (if different from primary)

SECTION 5

MY FAMILY'S NEEDS



OKLAHOMA
Mental Health &
Substance Abuse

[OKIMREADY.ORG/TAAM](https://www.okimready.org/taam)


THIS SECTION OF MY PLAN IS WHERE I CAN KEEP INFORMATION RELATED TO ME AND MY FAMILIES NEEDS.

Things that may be helpful for me to keep in this section of my plan:

- Copy of my Child Welfare Individual Service Plan
- Copy of my Plan of Safe Care
- Community supports I am working with
 - 12-step or recovery support group
 - Prenatal classes/groups
 - Home visiting programs
 - Domestic violence classes/groups
- Parenting supports I am interested in receiving or am already engaging with
 - Parenting classes
 - Early Head Start / Head Start
- Educational resources I am interested in receiving or am already engaging with
 - GED classes
 - Vocational/technical programs
 - Childcare
 - Home-visiting programs
- Economic resources I am interested in receiving or am already engaging with
 - TANF
 - Housing/utility assistance
 - Social Security Income (SSI) / Social Security
- Legal assistance I am interested in receiving or am already engaging with



SECTION 6



MY INFORMATION & RESOURCES FOR SELF ADVOCACY



OKLAHOMA
Mental Health &
Substance Abuse

OKIMREADY.ORG/TAAM

THIS SECTION OF MY PLAN IS WHERE I CAN KEEP INFORMATION AND EDUCATION ON SAFE PARENTING, ALONG WITH INFORMATION AND RESOURCES THAT MAY BE HELPFUL TO ME WHEN I NEED TO ADVOCATE FOR MYSELF OR MY FAMILY.

Information that may be helpful for me to keep in this section of my plan:

- MOUD and pregnancy
- MOUD and breastfeeding
- Safe Sleep Info
- Substance/alcohol use and pregnancy
- Postpartum depression and anxiety
- Child development
- Preventing child abuse and neglect
- Preventing domestic and sexual violence
- Medication safety
- American College of Obstetricians and Gynecologists statement on MOUD as the standard of care for mothers with OUD during pregnancy
- Information on the civil rights protection for persons on MOUD along with contact information for support
- Letter from your healthcare provider stating that it is both safe and encouraged to breastfeed on MOUD

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SECTION 7

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MY NOTES AND ADDITIONAL DOCUMENTS



OKLAHOMA
Mental Health &
Substance Abuse

OKIMREADY.ORG/TAAM

THIS IS THE SECTION OF MY PLAN WHERE I CAN STORE BLANK NOTE PAGES SO I CAN EASILY JOT DOWN DATES OF NOTES FROM APPOINTMENTS, THINGS I WANT TO REMEMBER AND QUESTIONS I MAY HAVE FOR PROVIDERS

This section can also be a great place to keep blank calendars so I can more easily schedule and track my families appointments.

This section is also a great place to add anything else I feel could strengthen my plan.

My Calendar

Month:		Year:				