

# Family Success Plan

## **Our commitment to you**

CAP Tulsa is excited to work with you and your child on your paths to success. We will work on preparing your child for kindergarten in the classroom. But creating a safe and nurturing family environment is also important to your child's success. We will help you achieve your parenting, education and career goals through a variety of programs we offer, or through resources that may be available through your Family Support Specialists and Parent Educators.

## **Your commitment to CAP Tulsa**

By setting goals and working with us to meet them, you are ensuring the very best experience for your child and family while you are with CAP Tulsa.

One of the first steps in our partnership with you is to create your Family Success Plan. This will be a series of goals you have for your family, and the steps you need to take to meet them while you are with us. You will first take an assessment of where you feel your family is currently in parenting, home and financial areas. From there, your Family Support Specialist or Parent Educator will work with you to establish the plan of how you will meet your goals.

After your assessment is complete and your plan is established, your Family Support Specialist or Parent Educator will check-in with you periodically to help with any questions or assistance you may need while you are working on your plan. We look forward to working with you to help your family succeed!



# Family Success Plan

Parent Name: _____	Child Name: _____
FSS / Parent Educator: _____	Date: _____ Child Plus ID: _____
Start Date: _____	Site: _____

An important first step in CAP Tulsa's partnership with you and your family is an in-depth conversation with your Family Support Specialist or Parent Educator. You and your Family Support Specialist or Parent Educator will discuss areas that you consider strengths as well as possible challenges. Together, you will set goals and lay out a plan for achieving your goals. We encourage you to take advantage of the programs CAP Tulsa offers to support the success of your child and your family.

Each topic that follows is connected to the three main outcomes for family success:

- Your child enters school prepared for success
- Your family creates a nurturing and secure environment for your children
- Your family is connected to other families

We are going to establish working goals for you and your family during this process. We need to make sure you or your family does not have goals with another agency. Does your family have a pre-existing plan with another agency? **YES / NO**

## Family Strengths

We'd like to know a bit about your family before we dive in. What are the things you enjoy most about your family?

**Family Strengths:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Education

Now we're going to ask you some more specific questions, starting with education.

Which best describes where you are currently in your educational path?

5	4	3	2	1
Has a professional certification or post-secondary degree.	Is enrolled in post-secondary education or training, or some college credits.	Has high school diploma or GED, and/or has basic English language skills.	No GED or high school diploma and is enrolled in GED program, and/or does not have basic English language skills.	No GED or high school diploma and is not enrolled GED program, and/or does not have basic English language skills.

If English is not your first language, how well would you say you speak English?

- Not at all
  Not very well
  Pretty well
  Very well
  English is my first language

If you or someone in your household might need or want to pursue education, which type of education is of interest?

GED / HS Diploma	English as a Second Language	Technical school or Trade	College	None
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I would like information on ways that I can enhance my education:

1-No, not now	2-Not sure, maybe later	3-Yes, now	
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## Parenting

### WARM AND NURTURING RELATIONSHIP

Being a parent can be fulfilling but also challenging. Let's take a look at a few short statements. Please tell me about how often that each statement is true for you. Please be sure to answer each question.

I feel connected with my child.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

My family has daily routines and consistent family rules.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

I am able to soothe my child when he / she is upset.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

I spend time with my child doing what he / she likes, and chooses to do.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

My family shows affection for each other.				
5-Always	4-Frequently	3-About half the time	2-Rarely	1-Never

## Parenting (cont.)

### KNOWLEDGE & CONFIDENCE

Let's talk about helping your child to learn. Which is the best description:

5	4	3	2	1
I feel <b>confident</b> I know what to do and how to help my child to learn.	I <b>generally</b> know what to do and how to help my child to learn.	<b>Half the time</b> I feel I know what to do and how to help my child to learn.	I <b>struggle</b> with knowing what to do to help my child to learn.	I mostly feel like I <b>am not sure</b> how to help my child to learn.

Let's talk for a moment about your confidence in discipline and what is appropriate for the age of your child. Which is the best description:

5	4	3	2	1
I feel <b>confident</b> in how I discipline my child and that it is appropriate for their age.	I feel <b>mostly confident</b> in how I discipline my child and what is appropriate for their age.	I am <b>somewhat confident</b> of how to discipline my child and what is appropriate for their age.	I am <b>inconsistent</b> with my discipline with my child and am not sure what is appropriate for their age.	I <b>do not feel confident</b> or sure of my discipline with my child and whether it is appropriate for their age.

I would like information on ways that I can improve my parenting skills:

1-No, not now	2-Not sure, maybe later	3-Yes, now	
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## Engagement in Child's Learning

Think about how much you engage in school and other activities for your child and how well you know your child's teacher or Parent Educator. Which of the following best describes your family:

5	4	3	2	1
We <b>actively</b> participate and we know the teacher <b>well</b> .	We <b>have tried</b> to participate and we know the teacher <b>fairly well</b> .	We are <b>new to CAP Tulsa</b> so we are not yet involved but we intend to be.	We are <b>not very</b> involved but we <b>know</b> the teacher.	We are <b>not involved</b> and we <b>do not know</b> the teacher.

I would like information on ways that I can increase my engagement at my child's school.

1-No, not now	2-Not sure, maybe later	3-Yes, now	
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## Healthy Relationships

Are you interested in receiving information on how to improve your marriage or relationship? **YES / NO**

## Stable and Affordable Home

Next we'd like to understand your housing situation. Which most closely describes your family?

5	4	3	2	1
Own our home OR rental housing without any rent assistance.	Renting with rent assistance OR permanently settled with a family member.	In transitional housing OR temporarily doubled up with family or friends.	In an emergency shelter OR have a notice of eviction or foreclosure.	Currently homeless.

Do you have concerns about your housing such as: *Circle all that apply.*

Safety	Location	Affordability
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I would like information on ways that I can improve my housing situation:

1-No, not now	2-Not sure, maybe later	3-Yes, now
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## Financially Secure

Now let's talk a bit about the stability of your family's financial situation. Think about your ability to pay your monthly bills and your ability to put aside some money for savings. Which description below would you say most closely represents your family?

5	4	3	2	1
Able to <b>pay all</b> monthly bills <b>and save</b> a little each month.	Able to <b>pay all</b> monthly bills, but <b>not always able to save</b> .	Able to <b>pay all</b> our monthly bills but <b>not save</b> and we have <b>old bills</b> or debts we're paying off.	Able to <b>pay some monthly bills on time and some late</b> , or make partial payments.	We <b>do not have enough income</b> to meet our needs, such as food, clothing, utilities or needed medicine.

CAP Tulsa runs a career training program called **CareerAdvance**®. It focuses on jobs in healthcare. Is this a program you or someone in your family would be interested in learning about? **YES / NO**

What about other job training or employment support services – are you or someone in your household interested in services for employment advancement? **YES / NO**

Do you need any information on child support? **YES / NO**

I would like information on how to improve my financial security and/or meet my family's needs:

1–No, not now

2–Not sure, maybe later

3–Yes, now

Do you have access to safe and reliable transportation that would allow you to do the following?  
Go back to school /get a different job /bring your child to school every day. **YES / NO**

I would like information on ways that I can improve my transportation:

1–No, not now

2–Not sure, maybe later

3–Yes, now

## Families Connected to Others

Our next question asks about your connections to people outside your immediate household. Think about your friends, family, or community and how much you can count on them for support.

5	4	3	2	1
I can <b>always</b> count on a friend or family member to give me support, and I can give support back.	I have friends and family I can count on <b>most of the time</b> .	I have friends and family I can count on but <b>only when I'm in a real crisis</b> .	My friends and family are <b>not reliable sources</b> of support.	I <b>do not have</b> any friends or family I can rely on, OR my friends and family are a <b>negative influence</b> .

I would like information on ways that I can increase my connectedness to friends, family and community:

1-No, not now	2-Not sure, maybe later	3-Yes, now	
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## Physically Healthy

Let's talk about your health and the general health of those living in your home. How frequently do health problems get in the way of your and/or other adults in your home ability to work, attend school, or bring your child to school?

5	4	3	2	1
Do not interfere	Rarely interfere	Occasionally interfere	Regularly Interfere	Prohibits us from working or attending school, or getting my child to school

Are there any other health concerns you have, either for yourself or another adult in the home? **YES / NO**

What about your child—do you need any information on your child's health? **YES / NO**

I would like information on ways to be physically healthy and able to get my child to school:

1-No, not now	2-Not sure, maybe later	3-Yes, now	
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## Mentally Healthy

What about the emotional well-being of you and/or other adults in your home? How frequently do issues related to emotional well-being get in the way of anyone's ability to work, attend school, or bring your child to school?

5	4	3	2	1
Do not interfere.	Rarely interfere.	Occasionally interfere.	Regularly Interfere.	Prohibits us from working or attending school, or getting my child to school.

Is anyone in your family currently being treated for depression or substance abuse, or do you have concerns about depression or substance abuse in your household? **YES / NO**

Has anyone in the family experienced any form of physical or emotional harm in any way in the past year? **YES / NO**

Is anyone in your family incarcerated? **YES / NO**

Let's talk about a few more specific health and wellness related issues.

Over the past 2 weeks, how often have you been bothered by having little interest or pleasure in doing things?

3-Not at all	2-Several days	1-More than half the days	0-Nearly Every day
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Over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

3-Not at all	2-Several days	1-More than half the days	0-Nearly Every day
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I would like information on ways that I can improve my emotional health and wellness:

1-No, not now	2-Not sure, maybe later	3-Yes, now	
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## Family Success Plan Goal Family Copy

We do like to make sure every family is working on **at least one goal**. Thinking back on all we talked about, is there a particular topic you'd like to explore some more with regard to setting a goal? If not, is there anything else you would like your family to work on in the coming months?

**Goal:** \_\_\_\_\_ **Domain:** \_\_\_\_\_

\_\_\_\_\_ **Target Date:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:

1. \_\_\_\_\_

Target Date: \_\_\_\_\_

2. \_\_\_\_\_

Target Date: \_\_\_\_\_

3. \_\_\_\_\_

Target Date: \_\_\_\_\_

Family Support Action Steps:

1. \_\_\_\_\_

Follow-Up: \_\_\_\_\_

2. \_\_\_\_\_

Follow-Up: \_\_\_\_\_

3. \_\_\_\_\_

Follow-Up: \_\_\_\_\_

Education

Parenting

Healthy Relationships

Engagement at School

Stable and Affordable Home

Financially Secure

Physically Healthy

Mentally Healthy

Families Connected to Others

## Family Success Plan Goal F&CS Copy

We do like to make sure every family is working on **at least one goal**. Thinking back on all we talked about, is there a particular topic you'd like to explore some more with regard to setting a goal? If not, is there anything else you would like your family to work on in the coming months?

**Goal:** \_\_\_\_\_ **Domain:** \_\_\_\_\_

\_\_\_\_\_ **Target Date:** \_\_\_\_\_

Measurable Indicator: \_\_\_\_\_

Family Action Steps:

1. \_\_\_\_\_

Family Support Action Steps:

1. \_\_\_\_\_

Target Date: \_\_\_\_\_

Follow-Up: \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

Target Date: \_\_\_\_\_

Follow-Up: \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Target Date: \_\_\_\_\_

Follow-Up: \_\_\_\_\_

Education

Parenting

Healthy Relationships

Engagement at School

Stable and Affordable Home

Financially Secure

Physically Healthy

Mentally Healthy

Families Connected to Others

## Family Success Plan Signature Page

### Página de Firma para el acuerdo del Plan de Éxito Familiar

#### Client Participation and Signature (Participación del Cliente, y Firma):

Does the client agree with the plan, action steps, and target date for completion? **YES / NO**  
¿El cliente está de acuerdo con el plan, los pasos de acción, y los plazos para completarlo? **SÍ / NO**

Legal Representative / Parent / Guardian \_\_\_\_\_  
Representante Legal / Padres / Padre Guardián Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

#### Service Team Signatures:

Family Support Specialist \_\_\_\_\_  
Especialista en Apoyo Familiar Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_