

Family Need

Explore what family means to you and how it supports recovery. Remember family can be biological or chosen. Complete each box and continue the activity on the next page.

What does a healthy relationship look like to you?

What does an unhealthy relationship look like to you?

What does support look like for you?

How do you manage frustrations with those close to you?

What Needs Does Your Family Provide?

- Childcare
- Financial support
- Emotional support
- Housing
- Transportation
- Spiritual support
- Assists with problems
- _____
- _____

What are ways you feel valued in a relationship from others?

Who do you feel close to and can depend upon?



Family Need

What does family mean to you?

How does your family support recovery?

How does your family create barriers to your recovery?

- ★ Place a star next to the items that represent your biological family.
- ✓ Place a check mark next to the items that represent your chosen family.
- Circle the items that have both a ★ and ✓.



Family Need

How Many ★	How Many ✓	How Many ○
------------	------------	------------

Where do you get the most support? _____

How does this group support your recovery? _____

Where do you get the least support? _____

What are the challenges you face with this group in your recovery journey? _____

How does this group support your recovery? _____

What would improve your relationship while also supporting your recovery with this group? _____

What skills do you think would be helpful to work on?

- Healthy Boundaries
- Communication
- Conflict Management
- Understanding Love
- Understanding Empathy
- Developing Respect
- Preparing for Difficult Conversations
- Asking for Help

Financial Need

Explore what is important for you to work towards financial freedom. Financial freedom is having enough savings and cash on hand to afford the kind of life you deserve for yourself and you family. Reflect on what financial freedom looks like to you and continue the activity on the next page.

BANK

How would attaining financial freedom be impactful on your life?

Why is it so hard to stick to a budget?

Answer Y/N

Have a budget?

Yes No

Taught how to manage money?

Yes No

Burn through money quickly?

Yes No

Have bank account?

Yes No

Answer Y/N

Usually pay for things with cash?

Yes No

Do you balance your checkbook?

Yes No

Do you have credit cards?

Yes No

Do you trust the banks?

Yes No

Write down monthly reoccurring expenses

Rent: _____

Utilities: _____

Cell: _____

Insurance: _____

Food: _____

Transportation: _____

Loans: _____

Continue on separate paper if needed.

Scale 1-10 (1 low/ 10 High)

How stressed are you with your finances?

How often are your finances dictating what you do?

How stressed are you doing this activity?

What are the top 3 things you spend the most money on each month that are not a reoccurring expense?

What is one thing you are willing to do today to start working towards financial freedom?



Financial Need

What is one thing you are willing to do today to start working towards financial freedom you wrote on the previous page?

Understanding our strengths and barriers to reach a goal is important. Reflect and write down the strengths you have like organization, can do math, or anything else that contributes to what you identified. Also reflect and write down barriers that might prevent you from accomplishing this goal.

Strengths

Barriers

- ★ Place a star next to your greatest strengths to help you accomplish this goal.
- Circle the barriers you have control over to manage.

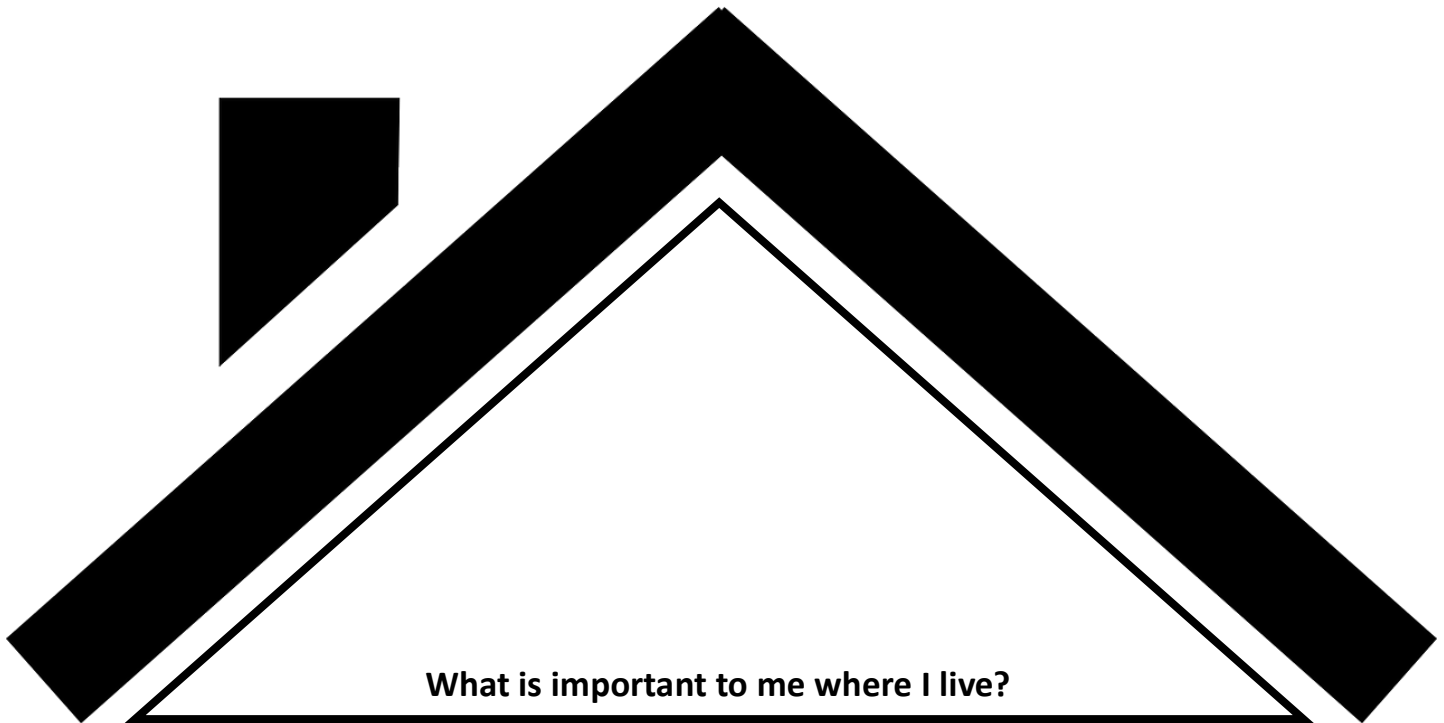
On the barriers not circled, where can you get assistance to manage them?

What type of assistance do you need to start working towards this goal?

Share with your case manager and write SMART Goals together to assist you on this journey

Housing Need

Explore what is important for you to feel safe and secure at where you reside. Write what you want in a place you call home. After completing, continue the activity on the next page.



Transportation Needs	School Requirements	Dwelling Size/Type
Expenses Rent: Electricity: Gas: Water: Cable: Internet:	Neighborhood Features <i>(parks, grocery store, etc.)</i>	Safety Features <i>(low crime, second floor, etc)</i>
Who is Living with Me?	Proximity to Family/Friends	Home Features <i>(dishwasher, AC, laundry, etc)</i>



Housing Need

How well does your current living environment match what you identified on the first page?

Match	No Match

★ Place a star next to the items in the **match column** that have the most value to you.

✓ Place a check mark next to the items in the **no match column** that pose the biggest concern for you feeling safe and secure in your home?

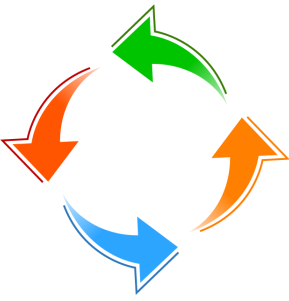
○ Circle one item in the no match column you see as the most concerning issue.

Identify the barriers that exist causing issues to address the circled item

What is one barrier you have control over to start addressing?

What are the next steps to address this barrier?

You plan to accomplish these steps by _____ (date)



Problem Solving

Step 1: Name the Problem - identify the issue or barrier that prevented you from completing your task. Try to leave emotions out of the issue/barrier.

Step 2: Understand Others — Identify who is involved in the issue and what was the interaction with this person that added to the issue or barrier.

Step 3: Brainstorm Solutions - Think of solutions that will address what you wrote in understanding others while also working towards a resolution of the issue/barrier.

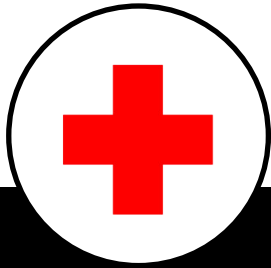
Step 4: Evaluate the Options and Choose - Review each brainstorming solution and *circle* the best option to meet your needs and successfully address the issue/barrier.

Step 5: Make a Plan - Decide when and how you will address the issue/barrier.

Step 6: Reflect and Adjust - Evaluate the success of your plan and decide what changes need to be made for future endeavors.

Medical Need

Explore the medical needs you have and how you meet them. Complete each box and continue the activity on the next page.



What issues are you experiencing or have experienced recently?

- | | |
|---|---|
| <input type="checkbox"/> Body aches | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Body pains | <input type="checkbox"/> Mind racing |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Dental issues |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Always sad |
| <input type="checkbox"/> Stomach pain | <input type="checkbox"/> Feel stuck |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Sleep issues |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Feel bloated | <input type="checkbox"/> Learning issues |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Old injury bothering you |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Unmotivated to do anything |
| <input type="checkbox"/> Trouble losing weight | <input type="checkbox"/> Lack of exercise |
| <input type="checkbox"/> Trouble gaining weight | <input type="checkbox"/> Not sure, don't feel right |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> _____ |

On a scale from 1-10 (1 lowest, 10 highest) where would you rate yourself?

Physical health	_____	Mental health	_____
Exercise level	_____	Happy with self	_____
Eating healthy	_____	Connected to others	_____
Sleep quality	_____	Access to services	_____

What do you usually do to manage the issue(s) you are experiencing?

What barriers prevent you from accessing the help you need? (finances, insurance, transportation, feeling safe, etc.)

Medical Information

Have primary doctor? Yes No
 Have insurance? Yes No
 Have co-pay? How much? _____
 Distance from home to dr? _____
 How do you get to dr? _____
 What are setting up appointments like?

Mental Health Information

Feel safe at home? Yes No
 Connected to others? Yes No
 Know where to get help? Yes No
 Insurance covers MH tx? Yes No
 MH tx accessible? Yes No
 # times you exercise a week? _____
 Last time you were happy? _____

What are the top 5 issue affecting your life in recovery?

Pick one issue out of the five identified you want to work through and write it down.

Medical Need



What is the issue you identified as wanting to address? _____

Who is able to assist you to address this issue? _____

What do you need to address this issue? (*money, transportation, insurance, support, ect*)

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps.

Step 1: _____

What to do if I hit a barrier? _____

Step 2: _____

What to do if I hit a barrier? _____

Step 3: _____

What to do if I hit a barrier? _____

Continue on next page

Medical Need



Step 4: _____

What to do if I hit a barrier? _____

Step 5: _____

What to do if I hit a barrier? _____

If you need more steps, continue on back of worksheet or blank paper

Advocating for yourself

Sometimes we feel like our voice or need is not heard. Sometimes this happens when we are uncomfortable or when we feel powerless. Prepare your self by completing the 4 *W*'s and an *H* to meet your needs and ensure your issue is heard.

What is the issue: _____

When did it start: _____

Why is it important for you to get this addressed: _____

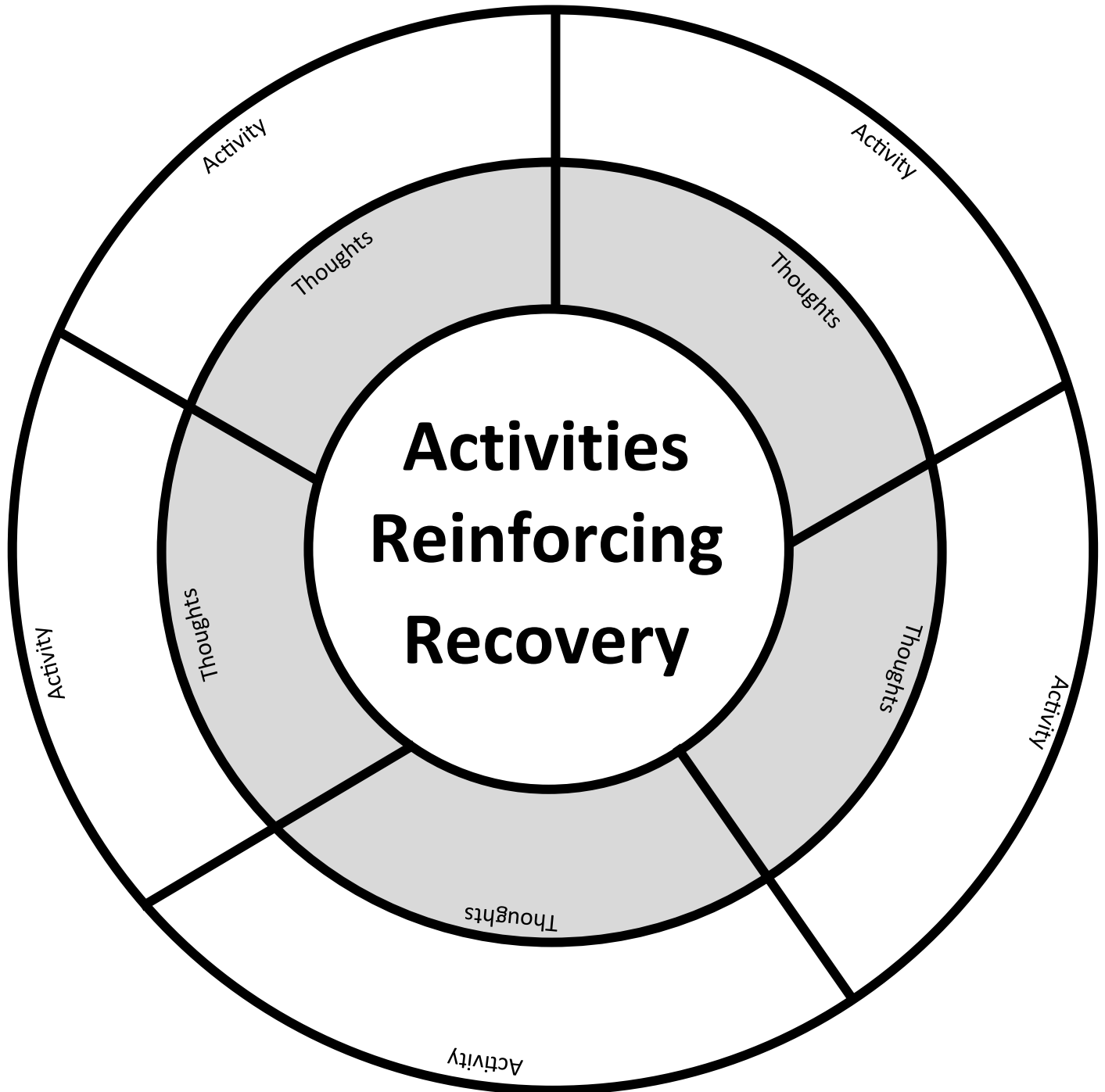
Who is affected by this issue: _____

How you want this issue to be resolved: _____

Name _____

Date _____

We want you to explore having fun in a positive way that supports recovery. Write down five activities you are willing to do and go out and try them. After you do each activity, write down your thoughts about the activity. Once all five activities accomplished, reflect about the experience and complete the bottom questions.



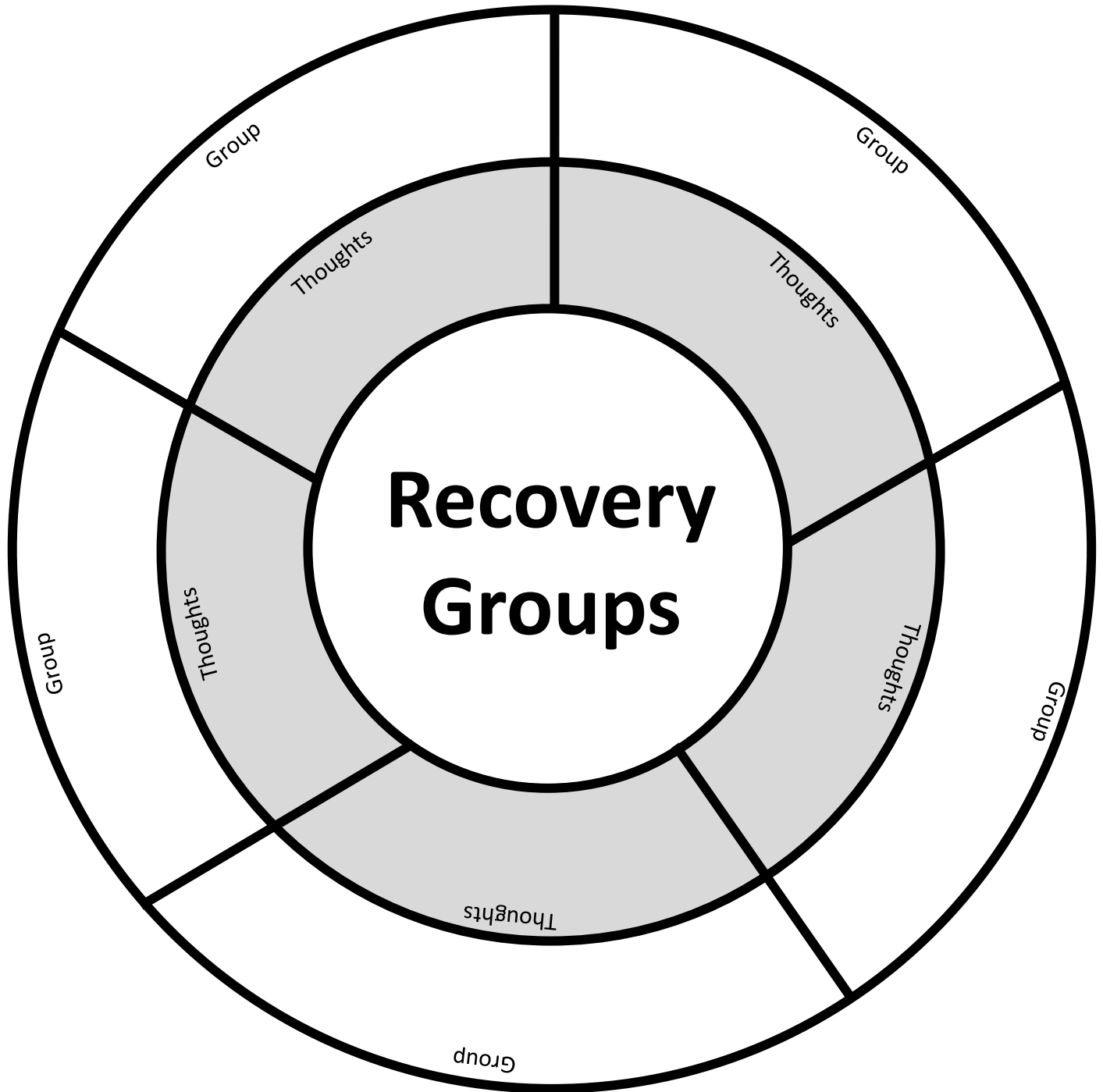
What types of activities are you interested in attending more? Why? _____

What value do you find in attending these activities?

Name _____

Date _____

We want you to explore getting connected to your community that will support your recovery. Write down five recovery groups you are willing to visit. After visiting them, write down your thoughts about the experience. Once all five recovery groups are attended, reflect about the experience and complete the bottom questions.



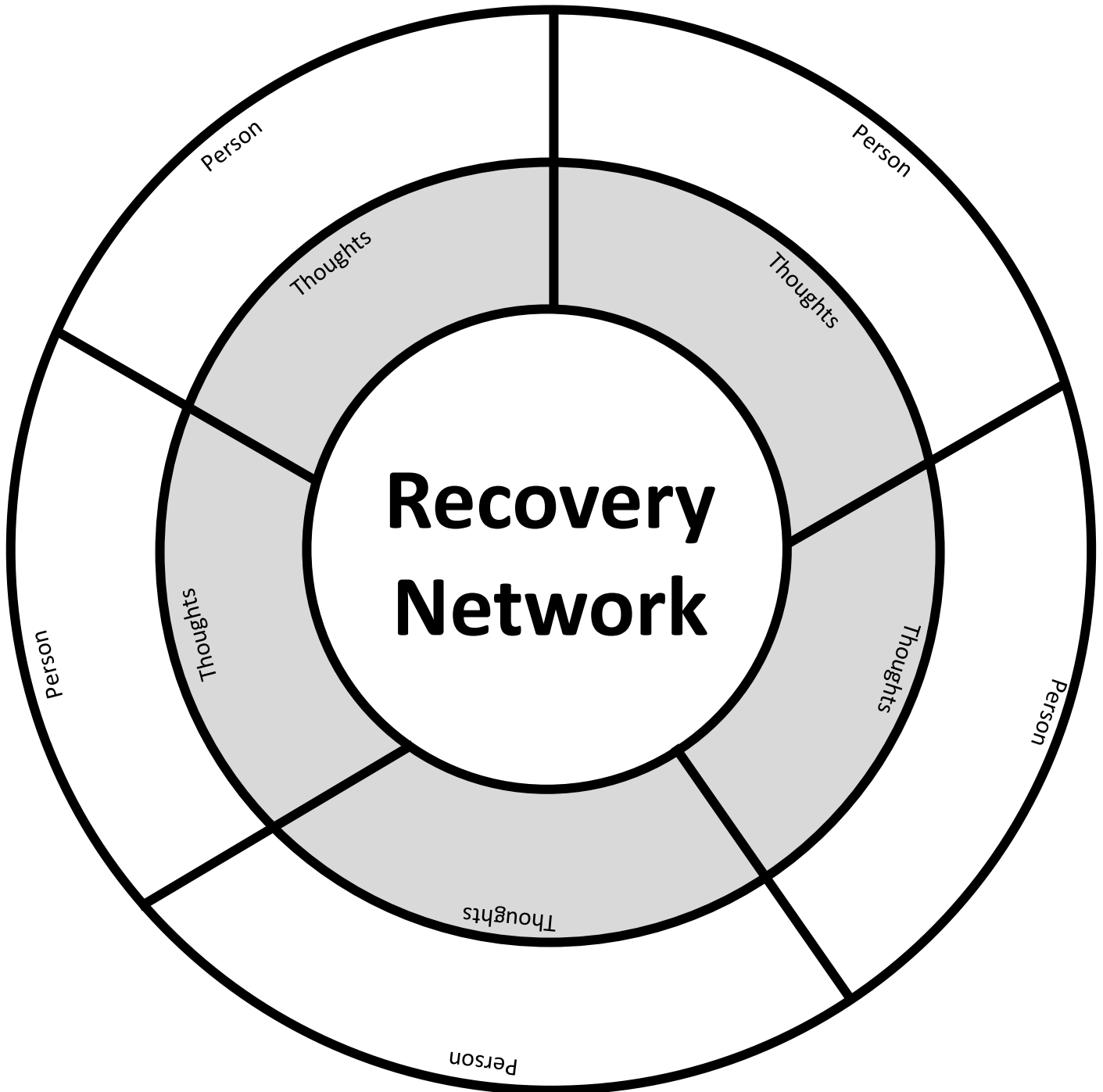
What types of groups are you interested in attending more? Why? _____

What value do you find in attending these groups?

Name _____

Date _____

We want you to explore having fun in a positive way that supports recovery. Write down five individuals that you can connect with to be a part of your recovery network. After you identify them, please write down your thoughts about how they may assist you. At the bottom, reflect on your experience.



What are qualities you need from people in your recovery network? _____

What are ways you can strengthen your recovery network? _____

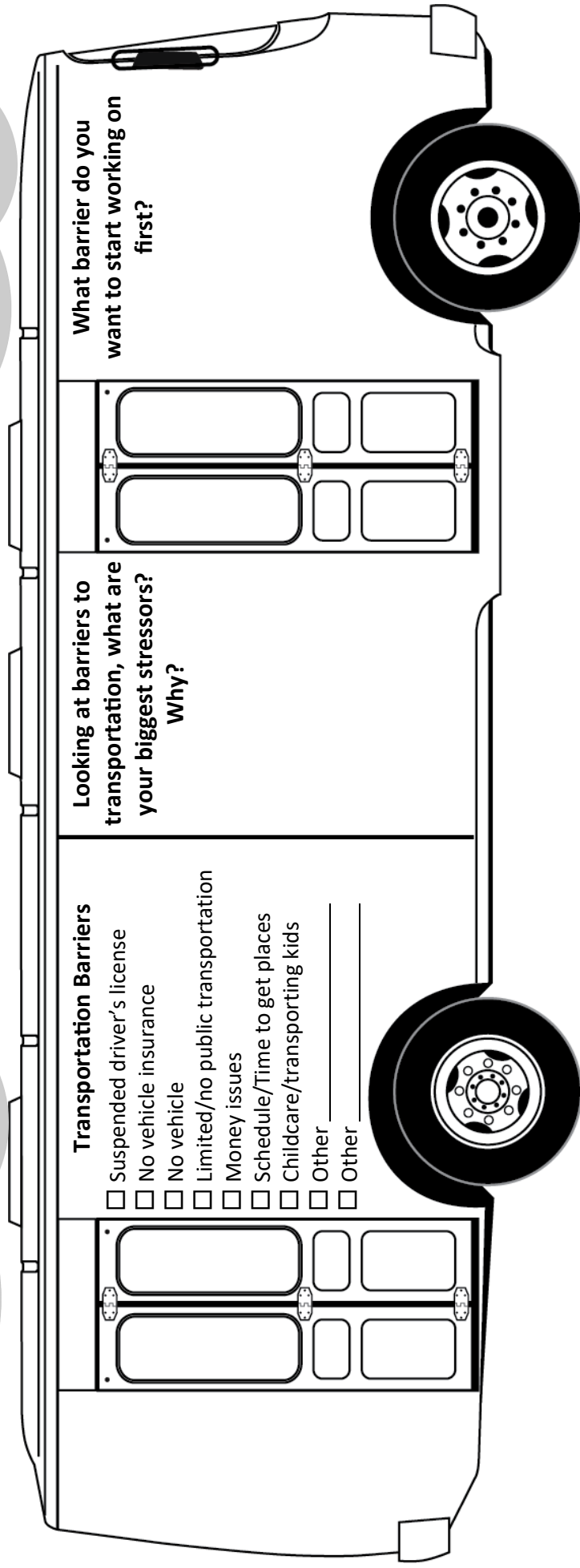
Transportation Need

Explore your transportation needs and how you meet them. Complete each box and continue the activity on the next page.

Why is having reliable transportation important to you?

What is your life like when you don't have reliable transportation?

What is your ideal way to meet your transportation need?



Transportation Barriers

- Suspended driver's license
- No vehicle insurance
- No vehicle
- Limited/no public transportation
- Money issues
- Schedule/Time to get places
- Childcare/transporing kids
- Other _____
- Other _____

Looking at barriers to transportation, what are your biggest stressors? Why?

What barrier do you want to start working on first?

Transportation Need

Goal setting is a good way to stay focused on what you want to achieve. Write what you want to accomplish in the next six months (short-term) and year (long-term).

Short-Term Goal
(6 months)

Long-Term Goal
(12 months)

You have a clearer picture of where you want to be in the future when addressing your transportation need. Write the barrier you identified on the previous page of what you want to start working on.

Action Planning

An action plan is a checklist for the steps or tasks you need to complete to achieve your goal. Be clear in what you want to accomplish when filling in the steps. Each step should be related to the identified barrier. This activity can be completed with your case manager if you are having difficulties thinking of steps.

Step 1: _____

What to do if I hit a barrier? _____

Step 2: _____

What to do if I hit a barrier? _____

Continue on next page

Transportation Need

Step 3: _____

What to do if I hit a barrier? _____

Step 4: _____

What to do if I hit a barrier? _____

If you need more steps, continue on back of worksheet or blank paper

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What is the issue: _____

When did it start: _____

Why is it important for you to get this addressed: _____

Who is affected by this issue: _____

How you want this issue to be resolved: _____
