

Jacksonville Network for Strengthening Families Family Planning Tool



Name: _____ ID#: _____

Workshop Location: _____ Date: _____

You now know the habits that will assist you in accomplishing your short and long term goals for yourself and your family. Practicing the habits is important, but sometimes additional resources are necessary to assist us in making the positive changes we need to make for our families to truly become successful. This tool will assist you in identifying services that may assist you and your family members in reaching your full potential.

Please read the numbered descriptions below and then place an “X” beside the training or services you think might be the most helpful to you and your family. Please respond as honestly as you can. This information will not be shared.

1. Uncontrollable Anger, Physical or Emotional Abuse: My spouse/partner and/or I have a bad temper and sometimes lose control. We often yell and say hurtful things to each other.

I would like more information about:

- ___ Anger Management
- ___ Stress Management
- ___ Individual or Family Counseling

2. Communication: My spouse/partner and I would like to improve our relationship and communication skills. My partner and I love each other, but want to be better prepared for marriage before we get married. My spouse and I focus on our children most of the time and would like to do a better job of focusing on each other.

I would like more information about:

- ___ Before You Tie the Knot (premarital workshop)
- ___ 8 Habits of successful Marriage (married couples)
- ___ Individual or Couple Counseling

3. Child Custody or Child Support: Myself or my partner has had a child removed by DCF. I am involved in a custody battle with my child’s other parent. Paternity needs to be established to protect my child’s rights and benefits. My child’s other parent is not paying child support. I can’t afford the court-ordered child support amount.

I would like more information about:

- ___ Legal Assistance in custody cases
- ___ Establishing paternity for my child
- ___ Child Support enforcement
- ___ Adjusting child support payments
- ___ Parenting classes

4. Loss of A Loved One: Myself or a family member has experienced loss due to death, divorce or separation. This loss has created feelings of grief, abandonment and anger. This loss has created financial challenges for my family. I would like more information about:

- ___ Grief Counseling
- ___ Co-parenting after Divorce
- ___ Financial Literacy
- ___ Individual or Family Counseling

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I can change my life!
I can ask for help!
I can do it!*

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5. Teen Issues: My teenager seems to be having difficulty in school, skips class, hangs out with the wrong crowd or has difficulty getting along with others. My teen may be engaging in unsafe sexual activity, using drugs or other destructive behavior.

I would like more information about:

- Teen Sex, STDs and unplanned pregnancy
- Teen substance Abuse
- Behavior Modification Programs
- FCAT Tutoring and homework assistance
- Scholarship Opportunities
- Individual or Family Counseling

6. Children's Issues: My child is not passing the FCAT or is having trouble making passing grades. My child gets frustrated easily and has a hard time with homework. My child does not have childcare that is safe and affordable.

I would like more information about:

- Quality Affordable Child Care
- Summer Camp Scholarships
- FCAT Tutoring
- School Resources to help my child
- Individual or Family Counseling

7. Alcohol and/or Substance Abuse: Myself or a family member uses drugs. Myself or a family member drinks alcohol in excess. Use of alcohol or drugs has caused arguments between family members or has resulted in mood changes, missed work or financial problems.

I would like more information about:

- Drug or Alcohol Treatment Programs
- Alcoholics Anonymous or other support groups
- Individual or Family Counseling

8. Incarceration Of Self, Spouse Or Other Family Member: Myself or one of my family members has been recently released from incarceration. One of my family members is currently incarcerated.

I would like more information about:

- Reentry programs for recently released offenders
- Mentoring programs for children of incarcerated parents
- Individual or Family Counseling

9. Job Loss or Employability Issues: Myself or my partner has recently lost a job due to downsizing or personal matters. Finding a new job either equal to or better than the last job has been difficult. My current levels of education or job skills are limiting my job opportunities.

I would like more information about:

- GED Completion
- Job Training Programs
- Scholarships for myself or my partner to go to college
- Resume Development and Interview training
- Financial Literacy training
- Individual or Family Counseling

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10. Eviction or Displacement: My family and I have either been evicted or required to move from our home because we could not pay the rent or mortgage. We have been staying with friends or family who want us to move out.

I would like more information about:

- Temporary Shelter Assistance
- Affordable Housing opportunities
- (IDA) Individual Development Account to save up for a home
- Financial Literacy training
- Individual or Family Counseling

11. Other Issues: Are there other services or workshops that you think might be helpful to your family?

Please list them here: _____

12. Priority Issues: You may have selected many issues. In order for us to meet the immediate needs of your family first, please list the two services that you feel are the most critical for your family right now.

Please list them here: _____

13. I do not need any services at this time. Please contact me in 30 days.

signature

Thank you for taking the time to use this planning tool.

Please turn in the completed form to your Facilitator. The responses will be analyzed and the results will be used to develop a Family Plan that will be presented to you at Graduation.

We appreciate the opportunity to assist you in strengthening your family!

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