

Individualized Program Success Plan

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON

Individualized Success Plan

DEFERRED SENTENCING TO ADVANCE REHABILITATION AND TREATMENT (D-START) PROGRAM

Full Name:

Current Address:

City/State/Zip:

Phone Number:

home cell
other

home cell

Alt. Phone Number:

other

Email Address:

Supportive Contact Information

Primary Name:

Relationship:

Phone:

Secondary Name

Relationship:

Phone:

Goal for Success: Employment

Current Employment		Goal Employment	
I am presently:	☐ Employed	At the conclusion of the program, I will be:	☐ Employed
	☐ Underemployed (not having enough paid work)		☐ Underemployed (not having enough paid work)
	☐ Unemployed		☐ Unemployed
	☐ Disabled		☐ Disabled
	☐ Retired		☐ Retired
I work:	☐ Full-Time	At the conclusion of the program, I will be working:	☐ Full-Time
	☐ Part-Time		☐ Part-Time

My job provides the following benefits to me:		At the conclusion of the program, I will have the following benefits provided by my job:	
Do you need help in finding employment?			
Are there any professions or trades in which you are interested in seeking employment?			
Do you need any type of tools, training, or certifications for those professions or trades?			
In order to achieve my goal, I will:			

Goal for Success: Housing

Current Housing Situation		Goal Housing Situation	
Where do you currently live:	☐ Parents' home	At the conclusion of the program, you will be living:	☐ Parents' home
	☐ Relative's home		☐ Relative's home
	☐ Friend's home		☐ Friend's home
	☐ Own home		☐ Own home
	☐ Renting		☐ Renting
	☐ Halfway house		☐ Halfway house
	☐ Shelter		☐ Shelter
	☐ Homeless		☐ Homeless
☐ Other	☐ Other		
Do you need housing assistance? If so, what type?			

In order to achieve my goal, I will:

Goal for Success: Education

Current Education Situation		Goal Education Situation	
What is your current level of education:	☐ Some Elementary/Middle School	At the conclusion of the program, your level of education will be:	☐ Some Elementary/Middle School
	☐ Some High School		☐ Some High School
	☐ HS Diploma		☐ HS Diploma
	☐ GED		☐ GED
	☐ Some College		☐ Some College
	☐ College degree		☐ College degree
	☐ Some graduate work		☐ Some graduate work
	☐ Graduate degree		☐ Graduate degree
☐ Vocational/Certificate Program	☐ Vocational/Certificate Program		
Describe any vocational training or degree that you have received.			
Are your licenses or certifications valid or current?			
Are you interested in receiving any type of educational or vocational training or assistance? If so, what kind?			
In order to achieve my goal, I will:			

Goal for Success: Controlled Substance Abuse

Current Controlled Substance Use		Goal Controlled Substance Use	
Are you currently using controlled substances? If so, what and how often:		At the conclusion of the program, your use of non-prescribed substances will be?	
In order to achieve my goal, I will:			

Goal for Success: Cognitive Skills Treatment Program

Current Cognitive Skills Treatment Program		Goal Cognitive Skills Treatment Program	
Have you ever participated or completed a cognitive skills treatment program(such as Courage to Change, DBT, MRT)? If so, when and how often:		At the conclusion of the program, which cognitive skills treatment program will you have done?	
In order to achieve my goal, I will:			

Goal for Success: Legal Compliance

Current Status of Legal Compliance		Goal Status of Legal Compliance	
I am presently aware of the following legal issues that I need to address:		At the conclusion of the program, my legal issues will be:	
Do you currently have requirements for compliance for state parole or probation?			
Do you have outstanding probation or parole fees? Do you need help addressing these fees?			
Do you have outstanding tickets/charges or a DWI/DUI suspension preventing you from getting a valid Driver's License? Do you need help addressing these tickets/charges?			
Do you have outstanding restitution payments? Do you need help addressing these payments?			
Do you have outstanding child support payments? Do you need help addressing these payments?			
Do you have outstanding taxes? Do you need help addressing these taxes?			
In order to achieve my goal, I will:			

Goal for Success: Prosocial Network

Current Status of Prosocial Networks		Goal Status of Prosocial Networks	
The most positive and supportive people in my life now are:		At the conclusion of the program, the most positive and supportive people in my life will be:	
My current relationships I'd like to change are:		At the conclusion of the program, I will replace my unhealthy or hurtful relationship with a relationship with the following people or groups:	
I currently spend my free time doing:		At the conclusion of the program, I will spend my free time doing:	
In order to achieve my goal, I will:			

Goal for Success: Community Health Resources

Current Medical Health Status		Goal Medical Health Status	
Have you been diagnosed with any mental health issues? Are you treating those issues?		At the conclusion of the program, I will be addressing my medical issues by:	
Do you have health insurance?		At the conclusion of the program, my medical insurance status will be:	
Do you have a treatment provider?		At the conclusion of the program, my treatment provider will be?	
Do you believe that you are eligible for services from Social Security? Why?			
In order to achieve my goals for medical health, I will:			
Current Mental Health Status		Goal Mental Health Status	
Do you have any mental health issues? Are you treating those issues?		At the conclusion of the program, I will be addressing my mental health issues by:	
Do you have a treatment provider?		At the conclusion of the program, my treatment provider will be?	
In order to achieve my goals for mental health, I will:			

Goal for Success: Restorative and Reflection

Describe what happened to put you in this situation:	
What law did you break or violate?	
What were you thinking about at the time?	
What have you thought about since the incident?	
How do you feel about your behavior?	
Aside from yourself, who has your behavior and actions affected? How have they been affected?	
What will you do to help those affected by your behavior?	
What will be your first step to help those affected?	
At the conclusion of this program, what will be your steps to deal with the consequences of the crime and decide how best to repair the harm.	

Phase 1 Goals:

Housing

Education

Controlled Substances

Cognitive Skills

Employment

Legal Compliance

Prosocial Network

Community Health Resources

Restoration and Reflection

Other

Frequency of Court Visits

Phase 2 Goals:

Housing

Education

Controlled Substances

Cognitive Skills

Employment

Legal Compliance

Prosocial Network

Community Health Resources

Restoration and Reflection

Other

Frequency of Court Visits

Phase 3 Goals:

Housing

Education

Controlled Substances

Cognitive Skills

Employment

Legal Compliance

Prosocial Network

Community Health Resources

Restoration and Reflection

Other

Frequency of Court Visits

Phase 4 Goals:

Housing

Education

Controlled Substances

Cognitive Skills

Employment

Legal Compliance

Revised: 12-8-21

Prosocial Network

Community Health Resources

Restoration and Reflection

Other

Frequency of Court Visits

Other