



**Additional Credit Assignment**  
**“Trauma Informed Caregiving for Resource Families”**  
ACRF Rural Teleconference Series

*Session 6: Taking Care of Yourself “My Child” Worksheet*  
**1.0 Hour**

**NAME:** \_\_\_\_\_ **PHONE NO.:** \_\_\_\_\_

*Only one person per questionnaire. Feel free to make additional copies if needed.*

**ADDRESS:** \_\_\_\_\_

*Street or Post Office*

*City/State*

*Zip*

**EMAIL:** \_\_\_\_\_

- YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter, training reminders and community events or training of interest for Resource Families)*

Are you a foster parent?  YES  NO If YES, what is your Foster Home License #: \_\_\_\_\_

If NO, please check one:  Pending Foster Parent  OCS  Birth Parent  Adoptive Parent

Residential Treatment Facility (License #: \_\_\_\_\_)  Agency: \_\_\_\_\_

Other *(please specify)*: \_\_\_\_\_

**INSTRUCTIONS:** Using the information you learned in the rural teleconference series “Trauma Informed Caregiving for Resource Families,” please fill out this questionnaire and

**RETURN TO:**

The Alaska Center for Resource Families  
815 Second Avenue Suite 101  
Fairbanks, AK 99701  
Or fax it to: 907-479-9666  
Or email to: [acrf@nwresource.org](mailto:acrf@nwresource.org)

## My Self-Care Plan

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From now on, I'll make time to take care of myself by doing the following at least . . .

<b>Once a Day</b>
<b>Once a Week</b>
<b>Once a Month</b>