

Aftercare Contact Agreement

(For Cases Where Child is not in the Custody of the Secretary)

Section 1					
Case Name:		Facts Case #:		CO:	
Child Name:		DOB:		Parent Name:	
Child Name:		DOB:		Parent Name:	
Child Name:		DOB:		Other:	
Child Name:		DOB:		Other:	
Local DCF		Assigned DCF Staff:			
Provider:		Assigned Provider Staff:			
Phone:		Email:			
Date Aftercare started:		Agreement in Effect From:		To:	
Section 2					
Aftercare Achieved Through:					
<input type="checkbox"/> Reintegration		<input type="checkbox"/> Adoption		<input type="checkbox"/> Permanent Custodianship	
Family/Individual Strengths and Resources :					
Services That Will Continue:					
Services That Will Not Continue:					
Frequency and method of contacts between case manager and child/family:					

Aftercare Contact Agreement
 (For Cases Where Child is not in the Custody of the Secretary)

Section 3

Maintenance Objective (if applicable):

Task #	Measurable Short-Term Tasks Toward Achievement of Goal	Responsible Person	Target Date	Achieved Date

Criteria for Success (What will be Different)

Section 5

Signatures/Dates

I have participated in the development of this agreement, and will maintain contact as planned.

_____	_____	_____	_____
Parent Signature	Date	Child Signature (If appropriate)	Date
_____	_____	_____	_____
Parent Signature	Date	Child Signature (If appropriate)	Date
_____	_____	_____	_____
Case Manager Signature	Date	Child Signature (If appropriate)	Date

