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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Section 1** | | | | | | | | | |
| Young Adult Name: | |  | | Facts Case #: |  | County: | |  | |
| Local DCF Office: |  | | | Assigned DCF Staff: |  | | | Assigned DCF  IL Coordinator: |  |
| Provider: |  | | | Assigned Provider Staff: |  | | | | |
| Phone: |  | | | Email: |  | | | | |
| Date Aftercare started: | |  | | Agreement in Effect From: |  | To: |  | | |
|  | | | | | | | | | |
| Section 2 | | | | | | | | | |
| Aftercare Achieved Through: | | | | | | | | | |
| APPLA | | |  | | | | | | |
| Young Adult Strengths and Resources: | | | | | | | | | |
| Services That Will Continue: | | | | | | | | | |
| Services That Will Not Continue: | | | | | | | | | |
| Frequency and method of contacts between case manager and young adult: | | | | | | | | | |
| Identifying documents needed by Young Adult: | | | | | | | | | |

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| **Section 3** | | | | |
| Maintenance Objective (if applicable): | | | | |
| Task # | Measurable Short-Term Tasks Toward Achievement of Goal | Responsible Person | Target Date | Achieved Date |
|  |  |  |  |  |
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|  |  |  |  |  |
| Criteria for Success (What will be Different) | | | | |

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| **Section 5** | | | | | |
| Signatures/Dates | | | | | |
| I have participated in the development of this agreement and will maintain contact as planned. | | | | | |
|  | |  |  |  |
| **Young Adult Signature** | |  | **Date** |  |
|  | |  |  |  |
| **Case Manager Signature** | |  | **Date** |  |
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