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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 |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| 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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