

Aftercare Contact Agreement for Young Adults

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

Section 1					
Young Adult Name:		Facts Case #:		County:	
Local DCF		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:					
<input type="checkbox"/> 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:					

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Identifying documents needed by Young Adult:

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.

_____ **Young Adult Signature**

_____ **Date**

_____ **Case Manager Signature**

_____ **Date**

