

Aftercare Monthly Report

(For All Aftercare Cases)

The purpose of this form is to communicate progress to DCF. For cases where the family is being served during the aftercare period, the PPS 3071 shall be completed on a monthly basis, sent to DCF by the 15th of the following month, and meetings with the family shall occur per the aftercare agreement or case plan.

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| Parent/Young Adult Name: | FACTS Case # |
| Child Name: | DOB: |
| Child Name | DOB: |
| Child Name | DOB: |

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| Aftercare Contact Agreement Date: | Date of Monthly Report: |
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For Reintegration: Note progress on objectives and tasks listed in the aftercare plan/case plan, provide feedback on Criteria for Success, and explain any new developments/issues in the family (a Case Management Provider's report that includes this information can be attached).

For Adoption/Permanent Custodianship: Note how contact with the family are consistent with the aftercare plan

Aftercare for young adults who have aged out: Note contact dates and types made with the young adult or attempts made, young adult's current employment and housing status at last contact, young adult's access/connection to mental health services, confirmation of young adult's approval for Aged Out Medical, last visit with any children in the home and any referrals to parenting support services, assistance programs/community supports/etc. the young adult is able to access. Include information on expenditures and/or hard goods provided to the young adult. If any assistance is needed by DCF Independent Living staff, please note here.

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| Signature of person completing this review: | Date: |
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