

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 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:

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

