

VCRHYP Aftercare Plan

Youth name: _____

HMIS ID #: _____ Date plan is completed: _____

Where are you planning to live at time of program exit?

Can you identify a few people that you can depend on for help after leaving the program (a.k.a. your support network)?

1. _____

2. _____

3. _____

What is your current housing goal (e.g. maintain stable housing, find stable housing, maintain positive relationships at home, etc.)?

What steps do you plan to take to achieve this housing goal?

How can the agency support you in achieving your housing goal (e.g. schedule check-in calls, assist you in connecting with other resources, etc.)?

What additional aftercare services would be helpful?

Youth signature

Date

Legal guardian signature (if appropriate)

Date

To be completed by youth care worker:

What referrals to resources outside of your program were provided (both during service provision and during the aftercare planning process)?

<input type="checkbox"/> Education supports	<input type="checkbox"/> Reach Up benefits/services
<input type="checkbox"/> Employment supports	<input type="checkbox"/> Food assistance
<input type="checkbox"/> Medical care	<input type="checkbox"/> Economic supports
<input type="checkbox"/> Dental care	<input type="checkbox"/> Emergency shelter
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Domestic violence agency
<input type="checkbox"/> Sexual health services	<input type="checkbox"/> Housing supports
<input type="checkbox"/> Parenting supports	<input type="checkbox"/> Childcare
<input type="checkbox"/> Legal assistance	<input type="checkbox"/> Probation/parole
<input type="checkbox"/> Social security benefits	<input type="checkbox"/> Life skills training
<input type="checkbox"/> Counseling/therapy	<input type="checkbox"/> Law enforcement
<input type="checkbox"/> Substance abuse services	<input type="checkbox"/> Transportation resources
<input type="checkbox"/> Residential treatment	<input type="checkbox"/> Sports/social activities
<input type="checkbox"/> Mentoring program	<input type="checkbox"/> Resources to obtain personal identification documents
<input type="checkbox"/> Other: _____	

Youth care worker signature

Date

The following section must be completed by a licensed clinician in order for aftercare services to be billable:

Diagnosis code: _____

Licensed clinician signature

Date