

Veterans Treatment Court Aftercare Plan

Ι.	Contact Information:		
	Name:	Case #(s):	
	Contact Phone:	E-mail:	
	Current Address (If you move, please notify the VTC Coordinator		
	(in you move, please notify the vice cooldinator	5)	
II.	Recommended Treatment (From Current Thera Who is your current SUD or MH treatment prov		
	Who is your current primary care physician (PCP)?		
	Where would you go for basic medications? (Ex	. VA or Urgent Care)	
	Discussions to have with your current therapis Do you know what your triggers are? (Do no How do you plan on dealing with these trigg What is your plan to avoid relapse? (Do not	ot respond on this form) gers in the future? (Do not respond on this form)	
III.	should attend one monthly pro-social even Donuts" is a weekly pro-social you are welc	ccessfully complete the aftercare program, you t with the Alumni Group. The Thursday "Coffee & ome to attend, to support your fellow vets. need to email or call the coordinator once a	

Signature

List e-mail address you would like to use to receive Alumni Group event notifications.

e-mail address

IV.	Financial Stability (Ongoing)
	 In School/Plan to be in school @ Need assistance with employment Needs assistance with school Needs assistance with Disability Benefits/SSI
V.	Housing Have stable housing Need assistance with housing
VI.	Benefits/Records (Have these gathered/keep with you) State ID Card/Driver's License Social Security Card Birth Record/Certificate VA Benefits/Medicaid/Yellow Card? DD214
VII.	Support System
	Family Contact
	AA/NA Location
	Vet Center (OEF/OIF Support Group)
	Other
VIII.	VTC Participant Acknowledgement

I _______understand and acknowledge that if my case is eligible to be sealed, I must comply with the conditions of this contract. For my case to be eligible for sealing I must engage in a minimum of 1 monthly pro-social event with the VTC Alumni group. If I move outside of Colorado Springs, I will email or call a coordinator monthly. Further, a copy of the completed contract, including all signatures, must be submitted to the court along with whatever forms are required by the State of the Colorado to seal my arrest and/or conviction.

Signature



Veterans Treatment Court Aftercare Plan Monthly Contact Sheet

Name of Participant _____

Graduation Date _____

Aftercare Completion Date _____

Date of Contact	Signature & Notes from Alumni Coach/Court Staff Member