

Veterans Treatment Court Aftercare Plan

	Contact information.	
	Name:	Case #(s):
	Contact Phone:	E-mail:
	Current Address	
	(If you move, please notify the VTC Coordina	tors)
	Recommended Treatment (From Current The	erapist)
	Who is your current SUD or MH treatment p	rovider?
	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 therap Do you know what your triggers are? (Do How do you plan on dealing with these tr What is your plan to avoid relapse? (Do n	not respond on this form) riggers in the future? (Do not respond on this form)
l.	monitored by the VTC Coordinators. To s should attend one monthly pro-social eve	a member of the Alumni Group. The group is successfully complete the aftercare program, you ent with the Alumni Group. The Thursday "Coffee & elcome to attend, to support your fellow vets.
	If you move from Colorado Springs, you we month to check in. They can also refer you	will need to email or call the coordinator once a ou to community connections as needed.
		
	Signature	
	List e-mail address you would like to use to re	eceive Alumni Group event notifications.
	e-mail address	

IV.	Financial Stability (Ongoing)			
	Currently Employed FT/PT @			
	☐ In School/Plan to be in school @			
	☐ Need assistance with employment			
	☐ Needs assistance with school			
	☐ Needs assistance with Disability Benefits/SSI			
٧.	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			
	Iunderstand 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 _____

lation Date	<u> </u>
care Completion Date	
Date of Contact	Signature & Notes from Alumni Coach/Court Staff Member