|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Youth Name:  Click or tap here to enter text. | Mainecare #:  Click or tap here to enter text. | | | Date of Birth:  Click or tap here to enter text. |
| Family Transition Specialist:  Click or tap here to enter text. | Residential Program:  Click or tap here to enter text. | | | Discharge Date:  Click or tap here to enter text. |
| Programming Type:  MH  ID/DD | Reporting Period:  30  90  180 | | For 30-day report:  Family Transition Specialist 72 hr. in person contact  Children’s Res. Care Facility Nurse 7-day contact | |
| Guardian Name:  Click or tap here to enter text. | Guardian Phone:  Click or tap here to enter text. | Guardian Address:  Click or tap here to enter text. | | |

TEAM MEMBERS

(reports are due no more than 15 days after completion to the following, as applicable)

|  |  |
| --- | --- |
| Role | Name |
| Guardian/Child Welfare | Click or tap here to enter text. |
| Juvenile Justice Representative | Click or tap here to enter text. |
| Case Manager | Click or tap here to enter text. |
| Primary Care Physician | Click or tap here to enter text. |
| Treatment Provider | Click or tap here to enter text. |
| Other (specify role): | Click or tap here to enter text. |
| Other (specify role): | Click or tap here to enter text. |
| TREATMENT PLAN INFORMATION  (Summary of youth’s goals, progress, and action steps taken)  Click or tap here to enter text. | |
| CASE CONTACTS DURING REPORT PERIOD  (Date, Contact Name, Summary of Contact)  Click or tap here to enter text. | |
| HOUSING (Youth’s Current Placement)  Parental Home  Licensed Unrelated Foster Home  Guardianship  Licensed/Unlicensed Relative Home  Independent Living  Other (describe): Click or tap here to enter text. | |
| Are Aftercare Support Services assisting with housing (include any strengths and/or barriers)?  Click or tap here to enter text. | |
| Summarize any changes in placement, including temporary changes, during this reporting period (shelter, detention, elopement, etc.)?  Click or tap here to enter text. | |

MENTAL AND BEHAVIORAL HEALTH

|  |
| --- |
| Specify the mental/behavioral health services provided (include any psychiatric services/therapy, assessments, evaluations, medications, updates, etc.):  Click or tap here to enter text. |

FAMILY ENGAGEMENT

|  |
| --- |
| Describe youth and family engagement and participation in Aftercare Support Services:  Click or tap here to enter text. |

RELATIONSHIPS/SUPPORTS

|  |
| --- |
| Summary of youth’s relationship with family, including how they are involved in supporting the youth’s ongoing clinical needs. Include any needs for connection and the plan to address needs.  Click or tap here to enter text. |
| Summary of peer relationships and how they are impacting the youth’s success (negative or positive). Include needs for connection and plans to address needs.  Click or tap here to enter text. |
| Summary of any community supports, programs, or activities supporting youth’s success. Include any unmet needs, such as connection to culturally appropriate services and plans to connect youth with services.  Click or tap here to enter text. |

YOUTH EMPLOYMENT

|  |
| --- |
| Employment Status:  Employed  Yes  No  N/A  Job Searching  Vocational Rehabilitation  List any aftercare services being provided to assist with employment (include strengths and barriers).  Click or tap here to enter text. |

EDUCATION

|  |
| --- |
| Current Grade:  Individual Education Plan (I.E.P.):  Yes  No 504 Plan:  Yes  No  Are any of the Aftercare Support Services being provided to assist or aid in education? (Include any strengths and/or barriers.)  Click or tap here to enter text. |

AFTERCARE SUPPORT SERVICES FOLLOW UP

|  |
| --- |
| List any follow up needed, next steps and person responsible.  Click or tap here to enter text. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Transition Specialist Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Transition Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date