



# Veterans Treatment Court Aftercare Plan

I. Contact Information

Name \_\_\_\_\_ Case #(s) \_\_\_\_\_

Contact Phone \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_

Current Address \_\_\_\_\_

(If you move, please notify your coach or the VTC Coordinator)

II. Recommended Treatment (From Current Therapist)

Who is your current treatment provider \_\_\_\_\_?

Who is your current primary care physician \_\_\_\_\_?

Where would you go for basic medications \_\_\_\_\_?

Discussions to have **with your current therapist:**

Do you know what your triggers are?

How do you plan on dealing with these triggers in the future?

What is your plan to avoid relapse?

- Substance Abuse
- Domestic Violence
- PTSD/TBI
- Mental Health
- Other

III. Support System

Who does your current/future support system include?

How and who will you seek out for emotional support in the future?

Are there any support groups you plan to attend?

Family Contact \_\_\_\_\_

AA/NA Location \_\_\_\_\_

Vet Center (OEF/OIF Support Group) \_\_\_\_\_

Other \_\_\_\_\_

IV. Financial Stability (Ongoing)

- Currently Employed FT/PT \_\_\_\_\_
- In School/Plan to be in school
- Need assistance with employment
- Disability Benefits/SSI
- Any certificates/licenses to maintain
- Have a financial plan/budget
- Copy of current credit report

V. Housing

- Stable Housing
- Need assistance with housing
- Where will I go if I lose my current housing?

VI. Pro Social Activities (List 3 you plan to engage in ongoing)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

VII. 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
- Know your current VA Status/Discharge Upgrade?
- Medication Provider (keep list with you at all times)
- Copy of current (& military) shot records

VIII. Aftercare Coach Contact/Acknowledgement

Phone Contact \_\_\_\_\_

I \_\_\_\_\_ agree to assist \_\_\_\_\_ for the next year as his/her Aftercare Coach. As an Aftercare Coach I will assist this person to continue in the progress they have made in the Veterans Treatment Court Program. I am not liable for their activities in any way. If I believe this person is danger of harming themselves or someone else, I will contact the appropriate authorities.

\_\_\_\_\_  
Signature

IX. VTC Participant Acknowledgement

I \_\_\_\_\_ understand and acknowledge that if my case is eligible to be sealed, I must comply with this conditions of this contract. 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

