



### WELLNESS COURT PROGRAM Aftercare Plan

| PARTICIPANT INFORMATION    |                          |                                   |
|----------------------------|--------------------------|-----------------------------------|
| <b>Name:</b>               | <b>Date of Birth:</b>    |                                   |
| <b>Address:</b>            | <b>Contact #:</b>        |                                   |
| <b>Program Start Date:</b> | <b>Program End Date:</b> | <b>Aftercare Available until:</b> |

| SERVICE COORDINATION |                              |  |   |                             |
|----------------------|------------------------------|--|---|-----------------------------|
| <b>Name:</b>         | <b>Relationship:</b>         | <i>Date notified of program completion</i> | <i>Date consent to share information signed</i> | <b>Contact Information:</b> |
|                      | Case Manager, Wellness Court | N/A  | N/A   | 767-9249                    |
|                      | Counsellor                   |  |   |                             |
|                      | Personal support             |  |   |                             |
|                      | (Community support)          |  |   |                             |
|                      | (Other support)              |  |   |                             |
|                      | (Service provider)           |  |   |                             |
|                      |                              |  |   |                             |

| <b>GOALS</b> |                         |                     |  |
|--------------|-------------------------|---------------------|--|
|              | <b>Short Term Goals</b> | <b>Action/steps</b> | <b>Supports to help me achieve these goals</b> |
| 1.           |                         |                     |  |
| 2.           |                         |                     |  |
| 3.           |                         |                     |  |

| <b>GOALS</b> |                        |                     |  |
|--------------|------------------------|---------------------|--|
|              | <b>Long Term Goals</b> | <b>Action/steps</b> | <b>Supports to help me achieve these goals</b> |
| 1.           |                        |                     |  |
| 2.           |                        |                     |  |

| CRISIS AND SUPPORT                                |                             |                             |
|---|-----------------------------|-----------------------------|
| Triggers/situations I still want support for are: |                             |                             |
| Trigger   | What I can do in the moment | Who I will call for support |
| Picking up income assistance cheque               |                             |                             |
| Intoxicated family members visit                  |                             |                             |
| Contact from ex-partner                           |                             |                             |

What do I want to remind myself:

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Information relevant to the participant as an Indigenous Person, if applicable

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| Signatures                     |              |
|--------------------------------|--------------|
| <b>Participant:</b>            | <b>Date:</b> |
| <b>Case Manager:</b>           | <b>Date:</b> |
| <b>Wellness Court Manager:</b> | <b>Date:</b> |