

**Attachment JJ – Aftercare Services Plan 10-11**

**Department of Public Safety and Correctional Services**  
**AFTERCARE SERVICES PLAN**

Client Name \_\_\_\_\_ DOC/SID # \_\_\_\_\_

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

The client has successfully completed treatment. The Provider; having consulted with the client, have agreed on the following aftercare plan:

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- Substance Abuse Treatment: (Specify. e.g. IOP Intensive Out-Patient)
  
  - Peer Support Group: (Specify how often client will attend. e.g. NA, AA)
  
  - Family and Support System: (Specify: for example Sharing a Relapse Prevention Plan or counseling)
  
  - Vocational Services: (Career Counseling, Job Development, Life Skills)
  
  - Education: (Seeking GED Courses, Associates Degree, Bachelors Degree, Masters Degree)
  
  - Medical/ Mental Health Services: (Dental, Optical, Physical)
  
  - Other:(Specify.)
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I have reviewed this aftercare service plan and I agree with the goals stated above.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Supervisor's Signature

\_\_\_\_\_  
Date

cc: file