

Attachment A –Follow-Up Agreement

Youth Name: _____

NY#: _____

Case Manager Name: _____

Follow-up Plan Development Date: _____

Congratulations! As a youth participant, your hard work is helping you realize your goals. Let us plan for follow-up, the 12-month transition period after you have achieved significant goals from your Individual Service Strategy (ISS). During follow-up, we will connect to help you transition from the Youth Program and progress on your career pathway. Together, we will decide the expectations and goals of follow-up and develop a plan.

S.M.A.R.T. Goals of Follow-Up

(Specific, Measurable, Achievable, Realistic, Timed Goals)

1. _____ [Write a S.M.A.R.T. goal related to achieving self-sufficiency]
2. _____ [Write a S.M.A.R.T. goal related to sustaining employment or education]
3. _____ [Write a S.M.A.R.T. goal related to personal development]
4. _____ [Write other S.M.A.R.T. goal related to follow-up]

Case Manager Responsibilities:

1. _____ [Assist with progress toward employment and education]
2. _____ [Explore options for personal development]
3. _____ [Listen and troubleshoot ideas]
4. _____ [Provide additional support as needed]
5. _____ [Connect with youth's employer or academic advisor]
6. _____ [Write any other follow-up responsibilities]
7. _____ [Write any other follow-up responsibilities]

Youth Responsibilities:

1. _____ [Write how you will remain involved with the Youth Program.]
2. _____ [Write how you will follow Youth Program. social media]
3. _____ [Write how you will continue to inform the Youth Program. of changes to contact information]
4. _____ [Write how you will stay connected to the Youth Program.]
5. _____ [Write any other follow-up responsibilities]
6. _____ [Write any other follow-up responsibilities]

Follow-up Timeline and Frequency:

Planned Follow-up Start Date: _____

Planned Follow-up End Date: _____

[First Month] – Weekly Bi-Weekly Other _____

[__ Months] – Weekly Bi-Weekly Monthly Other _____

[__ Months] – Weekly Bi-Weekly Monthly Other _____

Youth Contact Preferences

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Attachment A –Follow-Up Agreement

(Youth's alternate contacts and waiver are listed in Attachment B)

Voice Mail Set-up? Yes No Texting OK?: Yes No Best time to call: _____

Instagram: _____ Snapchat: _____ Twitter: _____

Facebook: _____ Tumblr: _____ What App #: _____

Email Address: _____ Alternative Email Address: _____

How Often Email is Checked: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Youth Program/Case Manager's Contact Information

Cell Phone #: _____ Office Phone #: _____

Voice Mail Set-up? Yes No Texting OK?: Yes No Best time to call: _____

Email Address: _____

Alternative Case Manager's Name: _____

Alternative Case Manager's Cell Phone #: _____ Office Phone #: _____

Check if the youth is following the Youth Program on?

Instagram: _____ Snapchat: _____ Twitter: _____

Facebook: _____ Tumblr: _____ What App #: _____

Office Street Address: _____

City: _____ State: _____ Zip Code: _____

We agree to work towards the goals and responsibilities of follow-up outlined above, per the listed timeline. We commit to updating this agreement and contacts, as needed.

Case Manager Signature: _____ Youth Signature: _____

Today's Date: _____

Today's Date: _____

Attachment A –Follow-Up Agreement

I, _____ [Write name of youth] hereby give permission to the _____ [Write name of the Youth Program] staff to contact the following people to provide information during the 12-month follow-up period:

(Include at least one contact of employer/work supervisor or academic advisor)

1) Name: _____ Relation: _____
Street Add.: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Email: _____

2) Name: _____ Relation: _____
Street Add.: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Email: _____

3) Name: _____ Relation: _____
Street Add.: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Email: _____

4) Name: _____ Relation: _____
Street Add.: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Email: _____

I give permission to the above to provide information on my personal history and current/future status to include: medical, family, legal, employment, financial, and current address/phone.

Other information: _____

Youth Signature: _____

Date: _____