

### InSight Mentor Program- Aftercare Contact Tracking Form

The following form is intended to gather information pertaining to those participants who remain in contact with the InSight Mentoring program after graduating. This may be due to:

- requiring ongoing support post-graduation (housing, employment, CFS, legal)
- requiring spontaneous support post-graduation (a reference, call to a landlord)
- reporting a problematic or traumatic event
- inquiring about readmission
- a desire to remain in contact with a mentor and/or deliver good news

A 2015 evaluation informed us that the women we support do not do as well as we would hope upon graduation and, as such, justification for a transitional program or an “aftercare” program may exist. The following form is to ensure information regarding the types of call/requests that you receive from women who graduate from the program is captured.

***Please submit this form to Healthy Child Manitoba annually to help us track aftercare activity. CLIENT NAME & CONTACT INFO COLUMN SHOULD BE DELETED (IF SUBMITTED ELECTRONICALLY) OR BLACKED OUT (IF SUBMITTED IN HARD COPY) BEFORE SUBMITTING.***

InSight Program Location: \_\_\_\_\_

Dates: April 1, \_\_\_\_\_ to March 31, \_\_\_\_\_

Date	Client Name & Contact Information	Family ID#	Mentor	Details of Contact	Actions Taken: -Resources/information provided -Follow-up plan

InSight Program Location: \_\_\_\_\_

Dates: April 1, \_\_\_\_\_ to March 31, \_\_\_\_\_

Date	Client Name & Phone #	Family ID#	Mentor	Details of Contact	Actions Taken: -Resources/information provided -Follow-up plan