

**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

