

DIRECT GRADUATE FOLLOW-UP PLAN

Congratulations upon completing Tarrant County's D.I.R.E.C.T. Program. Your graduation ceremony is scheduled for _____ at 6:00 p.m. We hope that your participation in the Program has been rewarding and you have gained the tools necessary to maintain your sobriety.

Although you have completed the Program, you will always be a part of the D.I.R.E.C.T. family. We would like to keep in touch with you and hear about your continued success. For the next twelve (12) months, we will:

- o Contact you by letter or phone.

- o Monitor arrest reports,

- o Need you to report in person to court every three months .

_____, _____
_____, _____

- o Need you to attend our Anniversary Program on _____

- o Need you to notify us if you change your address or telephone number.

I understand the requests and needs of the Follow-Up Plan. I agree to participate in Follow-Up Plan.

Participant/ Case # / Date

Case Manager /Date

DIRECT COURT GRADUATES

NAME	GRADUATION DATE	OFFENSE	SEX	RACE	AGE	MONTHS IN PROGRAM
Graduate 1	09/19/96	Poss. Of Cont. Subst. (Cocaine)	M	W	22	12
Graduate 2	11/21/96	Poss. Of C.S. (Methamphetamine)	F	W	29	12
Graduate 3	01/16/97	Poss. Of C.S. (Methamphetamine)	M	W	34	12

DIRECT GRADUATES PARTICIPANT FOLLOW-UP SUMMARY
(FISCAL YEAR 1996)

MONTHS	NEW ARRESTS	RELAPSES	EMPLOYED	REFERRALS MADE
SEPTEMBER	0	0	1	0
OCTOBER	0	0	1	0
NOVEMBER	0	0	2	0
DECEMBER	0	0	2	0
JANUARY	0	0	3	0
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				

GRADUATE FOLLOW- UP

1, HAVE YOU BEEN ARRESTED? ____YES ____NO
(CHECK TCIC)

2. HAVE YOU RELAPSED? ____YES ____NO

3. ARE YOU CURRENTLY EMPLOYED? ____YES ____NO
a) INCOME _____

4, HAS YOUR HOUSEHOLD/FAMILY STATUS CHANGED? ____YES ____NO

5. ARE YOU CURRENTLY ENROLLED IN A EDUCATIONAL PROGRAM ?
____YES ____NO

6. RATE YOUR HEALTH STATUS _____
(EXCELLENT, GOOD, FAIR, BAD)

7. DO YOU NEED ANY COMMUNITY RESOURCE REFERRALS? ____YES ____NO

a) REFERRAL MADE TO: _____

FOR: _____

STAFF SIGNATURE/DATE