

# ONEIDA COUNTY H.O.P.E INTERVENTION COURT

Utica: 411 Oriskany St. West  
Utica, New York 13502

Rome: 100 West Court St.  
Rome, New York 13440

## Participant Continuing Care Form

Participant name: \_\_\_\_\_ Date: \_\_\_\_\_

Next court date: \_\_\_\_\_ Location: \_\_\_\_\_

Discharge status:

Complete- Date: \_\_\_\_\_

Incomplete- Non-compliance

Incomplete- Voluntarily left program

Follow-up Date: \_\_\_\_\_

Location(s): Virtual Rome Utica

Continuing Care Plan

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager Signature

\_\_\_\_\_  
Date