

**IN THE CIRCUIT COURT OF THE            JUDICIAL CIRCUIT  
IN AND FOR            COUNTY, FLORIDA  
JUVENILE DIVISION**

**IN THE INTEREST OF:**

**CASE NO.:**

**CASE PLAN FOR EXTENDED FOSTER CARE**

**Table of Contents**

I. CASE PLAN PERMANENCY GOAL.....	2
II. EXTENDED FOSTER CARE ELIGIBILITY .....	2
III. OUTCOMES .....	2
IV. SUPERVISED LIVING ARRANGEMENT .....	3
V. EDUCATION INFORMATION.....	3
VI. EMPLOYMENT INFORMATION.....	3
VII. ATTACHMENTS TO COURT REPORT .....	4

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IN THE INTEREST OF:

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**CASE PLAN FOR EXTENDED FOSTER CARE**

**I. CASE PLAN PERMANENCY GOAL**

Transition from Licensed Care to Independent Living.

Annual Date:

**PARTIES TO CASE PLAN**

Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Phone Number	
Address	
Email Address	

**II. EXTENDED FOSTER CARE ELIGIBILITY**

The young adult's most recent Extended Foster Care eligibility determination is                      with an effective date of                      .

**III. OUTCOMES**

<b>Outcome applies to the following young adult:</b>							
<b>Outcome will be achieved when:</b>							
<b>Estimated Cost to young adult (if applicable):</b>							
Who	Actions/Tasks	Est. Cmpltn Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
<b>Provider Name</b>		<b>FSFN Provider</b>	<b>Provider Address</b>		<b>Provider Phone Number</b>	<b>Provider Email</b>	
<b>Service Category</b>		<b>Service Type</b>			<b>Task Complete</b>		

#### IV. SUPERVISED LIVING ARRANGEMENT

Type of supervised living arrangement:	
How does the supervised living arrangement provide the young adult with a level of supervision consistent with his or her individual education, health care needs, permanency plan, and independent living goals:	
How does the supervised living arrangement offer, at a minimum, life skills instruction, counseling, educational support, employment preparation and placement, and development of support networks:	
Describe the strengths of this supervised living arrangement:	
Describe any problems with the supervised living arrangement:	

#### V. EDUCATION INFORMATION

Current School Name:	
Current School Address:	
Current School Phone Number:	
Current Grade Level:	
Is the young adult an ESE student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESE Programs:	
Does the young adult have a Transitional Individualized Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, the date of the most recent TIEP:	
Is the young adult performing on current education level?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	

Current School Name:	
Current School Address:	
Current School Phone Number:	
Type of Program:	
Number of hours currently enrolled:	
Total credits earned to date:	
Is Young Adult also in Postsecondary Educational Services and Support [PESS]?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other relevant information for PESS enrollment:	

#### VI. EMPLOYMENT INFORMATION

EMPLOYMENT OR PROGRAM TO PROMOTE OR ELIMINATE BARRIERS TO EMPLOYMENT	
Is the young adult employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the name and address of the employer:	
Number of hours worked per month:	
Is the young adult participating in a program or activity designed to promote or eliminate barriers to employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the program or activity:	

CONDITION EXEMPTING PARTICIPATION REQUIREMENTS EMPLOYMENT	
Nature of condition:	
Is there documentation of condition included:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## VII. ATTACHMENTS TO COURT REPORT

<b>Education</b>	
Grades or Progress Reports	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Transitional Individual Education Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
<b>Independent Living</b>	
Caregiver Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Transition Plan	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
<b>Optional Attachments (select and attach to Case Plan)</b>	
Documentation of conditions exempting participation	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached
Other:	<input type="checkbox"/> Attached

### **Case Manager's Responsibilities**

- (1) The Case Manager will have face to face contact with the young adult at least one time per month and more frequently if necessary. If the young adult lives outside the service area of his or her community-based care lead agency, monthly contact may occur by telephone.
- (2) The Case Manager will attend all scheduled court hearings and report the young adult's progress to the court.
- (3) The Case Manager will timely notify the Young Adult of all court hearings and the right to attend and will assist with participation in court hearings.
- (4) The Case Manager will notify the Guardian ad Litem Program, if appointed, within 48 hours of any change in the young adult's supervised living arrangement and of any meetings/staffings conducted regarding the young adult in order for the volunteer to provide input/participation.
- (5) The Case Manager will work with Children's Legal Services for the Department of Children and Families to ensure all required paperwork is submitted in compliance with State and Federal Guidelines.
- (6) The Case Manager will provide the young adult with referrals and support engagement with services listed in this case plan, including assisting the young adult with any difficulties accessing services.
- (7) The Case Manager will work with all parties and participants to coordinate the services that are needed to implement the young adult's case plan and/or transitional individual education plan.
- (8) The Case Manager will ensure that the young adult shall live in a supervised living environment in which he or she is provided supervision, case management, and supportive services, including 24 hour crisis intervention and support.
- (9) The Case Manager will ensure that the young adult's supervised living environment offers developmentally appropriate freedom and responsibility to prepare the young adult for adulthood.
- (10) The Case Manager will ensure that the young adult's supervised living arrangement provides the young adult with a level of supervision consistent with his or her individual education, health care needs, permanency plan, and independent living goals.
- (11) The Case Manager will ensure that the young adult's supervised living environment offers life skills instruction, counseling, educational support, employment preparation and placement, and development of support networks.
- (12) The Case Manager will ensure that the young adult understands that he or she has a right to request an additional hearing or judicial review and information on scheduling such a hearing, if requested.

### **Substitute Caregiver Responsibilities**

- (1) The caregiver must have a loving commitment to the young adult and the young adult's safety and well-being, appropriate supervision, encouragement of the young adult's strengths, respect for the young adult's individuality and likes and dislikes, providing opportunities to develop the young adult's interests and skills, awareness of the impact of trauma on behavior, equal participation of the young adult in family life, involvement of the young adult with the community and a commitment to enable the young adult to lead a normal life.
- (2) The caregiver will learn about and be respectful of the young adult's religion, culture and ethnicity, and any special circumstances affecting the young adult's care. DCF, CBC and agency staff will assist them in gaining the support, training, and skills necessary for the care of the young adult.
- (3) The caregiver will have access to and take advantage of all training they need to improve their skills in parenting a young adult who has experienced trauma due to neglect, abuse or separation from home, to meet the young adult's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
- (4) The caregiver will effectively advocate for the young adult in their care with the child welfare system, the court, and community agencies, including schools, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.

- (5) The caregiver will support the young adult's school success by participating in school activities, assisting with school assignments, supporting tutoring programs, and encouraging the young adult's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the young adult's progress and needs.
- (6) The caregiver will respect and support the young adult's ties to his or her biological family (parents, siblings and extended family members).
- (7) The caregiver will provide a statement on the progress the young adult has made in acquiring independent living skills.
- (8) The caregiver will participate in developing the case plan and work with others involved to implement the case plan.
- (9) The caregiver will ensure that the young adult learns and masters independent living skills.
- (10) The caregiver will work to enable the young adult to establish and maintain naturally occurring mentoring relationships.

Signing the case plan constitutes an acknowledgement that the case plan has been developed by the parties and that they are in agreement as to the terms and conditions contained in the case plan.

**FAILURE OF THE YOUNG ADULT TO CONTINUE MEETING THE ELIGIBILITY REQUIREMENTS FOR EXTENDED FOSTER CARE MAY RESULT IN TERMINATION FROM EXTENDED FOSTER CARE.**

**DO NOT SIGN THE CASE PLAN UNTIL YOU HAVE READ AND UNDERSTAND THE ENTIRE CASE PLAN.**

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**SIGNATURE**

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**Young Adult:** **Date Signed**

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**Case Manager:** **Date Signed**

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**Case Manager Supervisor:** **Date Signed**

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**Guardian ad Litem:** **Date Signed**

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**Guardian ad Litem Attorney:** **Date Signed**

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**Legal Guardian of Young Adult:** **Date Signed**

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**Young Adult's Attorney:** **Date Signed**

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**Other:** **Date Signed**

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**Other:** **Date Signed**

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**CLS Attorney:** **Date Signed**



**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U. S. mail/hand delivery/electronic  
delivery/facsimile to:

This        day of        , 20        .

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**CLS Attorney**

**Date:**