

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

IN THE INTEREST OF:

[Redacted]

CASE NO.: [Redacted]

CASE PLAN FOR EXTENDED FOSTER CARE

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Comment [DA1]: Pre-fills from the Legal Documentation page based on the selected County, which is mapped to the applicable Circuit. The circuit number must be FIRST, SECOND, THIRD, etc. ; this header only displays on the first and second page

Comment [DA2]: Pre-fills from the Legal Documentation page based on the selected Court Case Number.

Comment [DA3]: Pre-fills with young adult's name and DOB. The labels "Young Adult" and "D.O.B" will not be displayed.

Comment [DA4]: The naming convention must be "Case Plan For Extended Foster Care" and should only appear on the Table of Contents page and first page following, none of the others. In addition, there is no logo on the Young Adult Court Involved Case Plan.

Comment [DA5]: Footer and Page numbering must start on the 2nd page. The Table of Contents sections are always going to be these, however, the page numbers should dynamically update each time the template is launched until the Legal Documentation page is approved and frozen.

**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

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

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

Comment [DA6]: Pre-fills from the Legal Documentation page based on the selected County, which is mapped to the applicable Circuit. The circuit number must be FIRST, SECOND, THIRD, etc. ; this header only displays on the first and second page

Comment [DA7]: Pre-fills from the Legal Documentation page based on the selected Court Case Number.

Comment [DA8]: Pre-fills with young adult's name and DOB. The labels "Young Adult" and "D.O.B" will not be displayed.

Comment [DA9]: Pre-fills from the Case Plan Annual Date field on YA CP Wkst – display format must be long format ex. January 1, 2014

Comment [DA10]: Pre-fills from the young adult's Person Management page. Use the most recent Primary Resident and Mailing address.

Comment [DA11]: Pre-fills from the Professions/Family Support Network Contacts tab of the Maintain Case page with a Case Manager; Legal Guardian of Young Adult; Role of Guardian ad Litem and will pull in the associated details if documented on Person Management. Use the most recent address; regardless of type. Repeat table as needed.

Comment [DA12]: Pre-fills with most recent EFC Eligibility determination

Comment [DA13]: Pre-fills with most recent EFC Eligibility Effective Date (MM/DD/YYYY)

Comment [DA14]: Pre-fills the Outcome entered on the YA Case Plan Worksheet – Outcomes tab. The Outcomes will pre-fill in the order they are captured on the Outcomes tab. Within the template, the Outcomes are numbered in sequential order.

Comment [DA15]: Pre-fills young adult's name

Comment [DA16]: Pre-fills with the Outcome Achieved information documented on the YA Case Plan Worksheet – Outcomes tab.

Comment [DA17]: Pre-fills with the Est. Cost to Young Adult(if applicable) on the YA Case Plan Worksheet – Outcomes tab. Also includes the Terms

Comment [DA18]: All values within this table pre-fill from the YA Case Plan Worksheet page – Outcomes tab for each inserted Task within an Outcome. Note that a single Outcome can have multiple associated tasks, and therefore this table will repeat for each Task inserted within an Outcome. In addition, if information is not captured in the optional fields, the field within the table will appear blank.

Comment [DA19]: The Provider is selected (if available) on the YA Case Plan Worksheet – Outcomes tab for each applicable Task. If the Provider is searched for and selected from the FSFN Provider database table, in addition to the Provider's Name, their Address, Phone Number and Email will pre-fill from the Provider Record. If the Provider is not available for selection and is user entered, only the Provider Name will pre-fill within the tab ... [1]

Comment [DA20]: Pre-fills with Yes or No based on whether the check box is selected or not on the YA Case Plan Worksheet.

IV. SUPERVISED LIVING ARRANGEMENT

Comment [DA21]: Pre-fills from YA Case Plan Worksheet – Supervised Living Arrangement tab.

| | |
|---|--|
| 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

Comment [DA22]: Pre-fills from YA Case Plan Worksheet – Education tab.

| | |
|---|--|
| 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. | |

Comment [DA23]: Display this table if secondary school.

| | |
|---|--|
| 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: | |

Comment [DA24]: Display this table if post-secondary or vocational school.

VI. EMPLOYMENT INFORMATION

Comment [DA25]: Pre-fills from YA Case Plan Worksheet – Employment/MMH tabs.

| | |
|--|--|
| 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: | |

Comment [DA26]: Only display if there is a disability identified on the MMH group box on the Employment/MMH tab.

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

Use narrative from MMH for the Nature of the condition. If Documentation of Conditions exempting participation –Attached check box on Attachment tab, indicate Yes

VII. ATTACHMENTS TO COURT REPORT

Comment [DA27]: Pre-fills from YA Case Plan Worksheet – Attachment tab

| Education | |
|--|---|
| 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: |
| Independent Living | |
| Caregiver Statement | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason: |
| Transition Plan | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason: |
| Optional Attachments (select and attach to Case Plan) | |
| 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.

Comment [DA28]: These will display at all times.

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.

Comment [DA29]: These responsibilities will display if the young adult is current in a supervised living arrangement.

- (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.

SIGNATURE

Young Adult: Date Signed

Case Manager: Date Signed

Case Manager Supervisor: Date Signed

Guardian ad Litem: Date Signed

Guardian ad Litem Attorney: Date Signed

Legal Guardian of Young Adult: Date Signed

Young Adult's Attorney: Date Signed

Other: Date Signed

Other: Date Signed

CLS Attorney: Date Signed

CERTIFICATE OF SERVICE

Comment [DA30]: User Entered

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 .

CLS Attorney

Date:

The Provider is selected (if available) on the YA Case Plan Worksheet – Outcomes tab for each applicable Task. If the Provider is searched for and selected from the FSN Provider database table, in addition to the Provider's Name, their Address, Phone Number and Email will pre-fill from the Provider Record. If the Provider is not available for selection and is user entered, only the Provider Name will pre-fill within the table and the Provider Address, Phone Number and Email Address fields within the table will be blank. The FSN Provider field will pre-fill with a Yes or No to indicate if it was a Provider searched and selected or user entered.