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|  | **AFTERCARE SERVICES PLAN** |

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| Young Adult’s Name: | | | | | | | | | DOB: | | |
| Primary Language: | | | | If applicable, Secondary Language: | | | | | | | |
| Young Adult’s Phone Number: | | | | Young Adult’s Email Address: | | | | | | | |
| Current Residence: | | | | | | | | | | | |
| Emergency Contacts: | | | | | | | | | | | |
| Name: | |  | | | | Phone Number: | |  | |  | |
| Name: | |  | | | | Phone Number: | |  | |  | |
|  | | | | | | | | | | | |
| Does the young adult have a case manager?  Yes (If yes, provide contact information)  No | | | | | | | | | | | |
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| Name Phone Number Agency | | | | | | | | | | | |

**AFTERCARE GOAL:**

Postsecondary Education Services and Support (PESS)

Extended Foster Care (EFC).

Self-Sufficiency

**YOUNG ADULT**

|  |  |
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| List the young adult’s strengths: |  |
| List the areas the  young adult identifies  as in need of services: |  |
| List the young adult’s short-term goals  (6 months to a year): |  |
| List the young adult’s long-term goals  (2 years): |  |

**HOUSING**

Young adult reports they have stable housing and are not in need of assistance for housing.

Young adult is requesting funds to maintain housing.

Young adult needs special housing due to a mental health diagnosis/physical disability.

Young adult reports they are homeless (including unstable housing).

Young adult reports they **must** move from their current housing by: Date:

Young adult is requesting assistance to find housing.

Young adult is in need of Extended Foster Care placement/housing.

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| Is the young adult potentially eligible for FYI/FUP Housing Vouchers?? (If yes, include in follow-up activities.)  Yes  No |
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| Comments: |
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**EDUCATION PLAN**

Young adult is currently enrolled in and attending an educational, vocational or technical program and is not in need of assistance for education

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| --- |
| Name & Address of program |

Young adult is requesting financial assistance in attending an educational, vocational or technical program.

Young adult is requesting assistance to enroll in education program.

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| What type of diploma is the young adult working toward? *(Check all that apply)*  High School Diploma  GED  Special Diploma  College Degree  Technical Certificate |
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| Has the young adult applied for financial aid?  Yes  No  N/A (If no, include in follow-up tasks.) |
| Types of financial aid/assistance young adult has applied for: (mm/dd/yyyy)  FAFSA (Pell Grant) Date Applied: \_\_\_\_\_\_\_\_\_\_ Approved:  Yes  No  Bright Futures Date Applied: \_\_\_\_\_\_\_\_\_\_ Approved:  Yes  No  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Applied: \_\_\_\_\_\_\_\_\_\_ Approved:  Yes  No  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Applied: \_\_\_\_\_\_\_\_\_\_ Approved:  Yes  No |

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| Other: |
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**EMPLOYMENT**

Young adult is currently employed and is not in need of assistance for employment

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| Name & Address of employer    Part Time/ Full Time:  Wages Earned: |

Young adult is requesting financial assistance to pay for expenses related to employment.

Young adult is requesting assistance to find employment.

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| Describe the young adult’s current skills/work experience: |
| Discuss any skills/experience the young adult could still benefit from in order to obtain his/her employment goals: |

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| Other: |
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**HEALTHCARE**

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| Name of young adult’s primary care physician:    Date of Last Appointment | | | Phone Number: |
| Name of young adult’s OB-GYN (if applicable):    Date of Last Appointment | | | Phone Number: |
| Name of young adult’s dentist:    Date of Last Appointment | | | Phone Number: |
| Name of young adult’s eye doctor (if applicable):    Date of Last Appointment | | | Phone Number: |
| Is the young adult enrolled in Medicaid?  Yes  No | | | Medicaid # |
| If no, state reasons: | | | |
| Does the young adult have his/her insurance card (including private insurance, if any)?  Yes  No | | | |
| If no, state location of card: | | | |
| **Physical Health/Behavioral Health** | | | |
| **Mental Health** | | | |
| Does the young adult have a psychiatrist/psychologist/therapist?  Yes  No | | | |
| If yes, provide Name: | | | Phone Number: |
| Does the young adult have a current mental health diagnosis?  Yes  No | | | |
| If yes, list the diagnosis: | | | |
| Does the young adult currently receive APD services?  Yes  No  Pending | | | |
| If yes, list Waiver Support Coordinator:     Contact number (if applicable):  Email Address (if applicable): | | | |
| |  | | --- | | Does the young adult currently receive SSI?  Yes  No  Pending  If yes, list effective date:  Amount:  Representative Payee: | |  | | | | |
| Is young adult currently prescribed any medications, psychotropic or other?  Yes  No | | | |
| **If yes,** provide the following information: | | | |
| Prescribing Physician’s Name: | | | Phone: |
| *Name of Medication* | *Dosage* | *Frequency* | |
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| Does the young adult have a chronic medical illness (not including mental health)?  Yes  No | | | |
| If yes, is the young adult receiving treatment?  Yes  No | | | |

**DEPENDENTS**

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| Does the young adult have any children?  Yes  No If yes, provide: | | |
| Name(s): | DOB(s): (mm/dd/yyyy) | Gender(s): |
|  |  | Male  Female |
|  |  | Male  Female |
|  |  | Male  Female |
|  |  | Male  Female |
| Is the child in the young adult’s custody?  Yes  No | | |
| If no, list individual with custody and individual’s role to young adult: | | |
| Does the young adult’s child receive any type of services?  Yes  No | | |
| List name and type of services received: | | |
| Does the young adult require any assistance with obtaining services for his/her child?  Yes  No | | |
| If yes, include in follow-up activities. | | |
| Does the young adult require child support for his/her child/children?  Yes  No | | |
| If yes, discuss efforts being taken to assist the young adult with filing for child support: | | |

**LEGAL INFORMATION**

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| **DJJ Involvement** | | |
| Has the young adult **EVER** had any DJJ/Adult Criminal Justice involvement?  Yes  No | | |
| Does the young adult have any current charges?  Yes  No | | |
| If yes, list charges and status: | | |
| Does the young adult have a probation officer  (Juvenile Probation Officer – JPO/ Probation Officer – PO)?  Yes  No If yes, provide: | | |
| Location: | Name of JPO/PO: | Phone Number: |
| List any upcoming hearings (court dates and type): | | |
| Would the young adult benefit from having his/her records sealed/expunged?  Yes  No  Has the process of sealing/expunging records been discussed with the young adult?  Yes  No | | |

**TRANSPORTATION**

1. Does the young adult have access to stable transportation?  Yes  No
2. Does the young adult know how to access public transportation?  Yes  No

**ADDITIONAL DOCUMENTATION THAT MUST BE OBTAINED AND PROVIDED TO THE YOUNG ADULT AS PART OF THIS AFTERCARE SERVICES PLAN.**

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| Does the young adult have an original birth certificate?  Yes  No |
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| Does the young adult have a social security card?  Yes  No |
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| Does the young adult have a Medicaid card?  Yes  No |
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| Does the young adult have a valid Florida ID card?  Yes  No |
| : |
| Does the young adult have a valid Driver License?  Yes  No |
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| Does the young adult have a resident alien card?  Yes  No  N/A |
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| If the young adult’s parents are deceased, does  the young adult has a copy of the death certificates.  Yes  No  N/A |
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| **Follow-up Tasks** | **Person Responsible** | **Deadline** |
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| **Services/Financial Assistance  to be provided through Aftercare** | **Person Responsible/Provider** | **Frequency** |
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**SIGNATURE PAGE:**

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| *I understand that by signing this document, I am planning for my future. I understand that the goals included in this Aftercare Services Plan can be changed at any time. I will continue to actively participate in the planning for my future with the assistance of my caregiver, case manager, and all other persons important in my life.* | | | |
| Title | Printed Name | Signature | Date |
| Young  Adult |  |  |  |

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| --- | --- | --- | --- |
| We agree to support the young adult in completing the tasks listed in this action plan. | | | |
| Title | Printed Name | Signature | Date |
| Caregiver |  |  |  |
| Child Advocate |  |  |  |
| Child Advocate Supervisor |  |  |  |
| Independent Living Advocate |  |  |  |
| Parent |  |  |  |
| Parent |  |  |  |
| Case Manager |  |  |  |
| Mentor |  |  |  |
| Therapist |  |  |  |
| Guardian  Ad Litem |  |  |  |
| Attorney  Ad Litem |  |  |  |
| Education Advocate |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |