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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 |
|  |       |  |       |  |       |  |
|  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):       |
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| Does the young adult currently receive SSI? [ ]  Yes [ ]  No [ ]  PendingIf yes, list effective date:      Amount:      Representative Payee:       |
|  |

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| 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* |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
| 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 [ ]  NoHas 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 |
|       |
| Does the young adult have a social security card? [ ]  Yes [ ]  No |
|       |
| Does the young adult have a Medicaid card? [ ]  Yes [ ]  No |
|       |
| Does the young adult have a valid Florida ID card? [ ]  Yes [ ]  No |
| :      |
| Does the young adult have a valid Driver License? [ ]  Yes [ ]  No |
|       |
| Does the young adult have a resident alien card? [ ]  Yes [ ]  No [ ]  N/A |
|       |
| 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 |       |  |       |

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