



# AFTERCARE SERVICES PLAN

Young Adult's Name:		DOB:
Primary Language:	If applicable, Secondary Language:	
Young Adult's Phone Number:	Young Adult's Email Address:	
Current Residence:		
<b><u>Emergency Contacts:</u></b>		
Name: _____	Phone Number: _____	
Name: _____	Phone Number: _____	
Does the young adult have a case manager? <input type="checkbox"/> Yes (If yes, provide contact information) <input type="checkbox"/> No		
_____	_____	_____
Name	Phone Number	Agency

## AFTERCARE GOAL:

- Postsecondary Education Services and Support (PESS)
- Extended Foster Care (EFC).
- Self-Sufficiency

## YOUNG ADULT

<p>List the young adult's strengths:</p>	
<p>List the areas the young adult identifies as in need of services:</p>	

## Aftercare Services Plan (continued)

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.

Is the young adult potentially eligible for FYI/FUP Housing Vouchers?? (If yes, include in follow-up activities.) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Comments:

### 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

## Aftercare Services Plan (continued)

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.

What type of diploma is the young adult working toward? *(Check all that apply)*

- High School Diploma     GED     Special Diploma     College Degree     Technical Certificate

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:

- |  |                     |                |                              |                             |
|--|---------------------|----------------|------------------------------|-----------------------------|
| <input type="checkbox"/> FAFSA (Pell Grant)..... | Date Applied: _____ | .....Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Bright Futures.....     | Date Applied: _____ | .....Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other: _____            | Date Applied: _____ | .....Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other: _____            | Date Applied: _____ | .....Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other:

## Aftercare Services Plan (continued)

### EMPLOYMENT

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

<p>Name &amp; Address of employer</p>          <p>Part Time/ Full Time:</p>          <p>Wages Earned:</p>
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Young adult is requesting financial assistance to pay for expenses related to employment.

Young adult is requesting assistance to find employment.

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

<input type="checkbox"/> Other:

### HEALTHCARE

<p>Name of young adult's primary care physician:</p>	<p>Phone Number:</p>
<p>Date of Last Appointment</p>	
<p>Name of young adult's OB-GYN (if applicable):</p>	<p>Phone Number:</p>
<p>Date of Last Appointment</p>	

## Aftercare Services Plan (continued)

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

## Aftercare Services Plan (continued)

If yes, is the young adult receiving treatment?  Yes  No

### DEPENDENTS

Does the young adult have any children?  Yes  No If yes, provide:

Name(s):	DOB(s):	Gender(s):
.....	.....	<input type="checkbox"/> Male <input type="checkbox"/> Female
.....	.....	<input type="checkbox"/> Male <input type="checkbox"/> Female
.....	.....	<input type="checkbox"/> Male <input type="checkbox"/> Female
.....	.....	<input type="checkbox"/> Male <input type="checkbox"/> 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

#### 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:
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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

## Aftercare Services Plan (continued)

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

Does the young adult have an original birth certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a social security card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a Medicaid card? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a valid Florida ID card? <input type="checkbox"/> Yes <input type="checkbox"/> No :
Does the young adult have a valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a resident alien card? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the young adult's parents are deceased, does the young adult has a copy of the death certificates. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## Aftercare Services Plan (continued)

Follow-up Tasks	Person Responsible	Deadline





## Aftercare Services Plan (continued)

**SIGNATURE PAGE:**

*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:			