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:	

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

List the young adult's strengths:	
List the areas the young adult identifies as in need of services:	

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.) ☐ Yes ☐ No
☐ 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: ☐ 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

☐ Other:

Aftercare Services Plan (continued)

EMPLOYMENT

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

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.

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:

☐ Other:

HEALTHCARE

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:

Aftercare Services Plan (continued)

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 If no, state reasons:	Medicaid #

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*

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

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

Name(s):	DOB(s):	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

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

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? ☐ 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

Aftercare Services Plan (continued)

Follow-up Tasks	Person Responsible	Deadline

Aftercare Services Plan (continued)

Services/Financial Assistance to be provided through Aftercare	Person Responsible/Provider	Frequency

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:			