

CBC Teen Normalcy Plan

Note: the CBC Teen normalcy Plan is a written plan that outlines the responsibilities and age appropriate activities developed for each CBC youth ages I3-I7 in licensed care. The CBC Teen Normalcy Plan must be developed in collaboration with the youth, caregiver, and care manager and reviewed by their supervisor. Each CBC Teen Normalcy Plan in specific to the individual youth and must be reviewed and updated every ninety days.

SECTION I:

YOUTH'S DEMOGRAPHICS:

Name:	DOB/Age:	
Address:		
Phone:	Male Female	
CURRENT LIVING ARRANGEMENT:		
Regular Foster Home Therapeutic Foste	er Home Group Home	
Other:		
Name of placement:		-
Length of time in current placement:		
EDUCATIONAL INFORMATION:		
What type of school are you currently enrolled in?		
☐ MIDDLE SCHOOL ☐ HIGH SCHO	OOL GED COLLEGE	☐ VO-TECH
Name of School:	****	
Are you currently involved in extracurricular activitie If Yes, What:	es? YES NO	
Have you ever been suspended or expelled from scho If Yes, When: Why:	ool? YES NO	

EMPLOYMENT STATUS:	
☐ I am working part-time	I am working full-time
I am looking for a job	I need help to maintain a job
I am unable to work because:	
MENTAL HEALTH:	
Have you ever had a problem with or received treatr	nent for the use of drugs or alcohol?
☐ YES ☐ NO	
If Yes, What? W	hen?
Have you ever been diagnosed or treated for a major	mental illness?
If Yes, What? W	hen?
Are you now or have you ever attended counseling o	r therapy? YES NO
If Yes, for What? W	here?
Are you currently taking any psychotropic medication	on? YES NO
If Yes, What?	
RESTRICTIONS / DJJ:	
Are you restricted from any community locations?	☐ YES ☐ NO
If Yes, Where? Why?	***************************************
Do you have DJJ involvement?	YES NO
If Yes, are you on probation?	For how long?
SECTION II:	
Youth Responsibilities	
I. ☐ Chores	
It is expected that clothes and other item It is expected that the bed will be made to Wash dishes times per week Vacuum/sweep	
СВ	Cbrevard.org

"Protecting Children - Changing Lives"

☐ Feed Pets ☐ Yard Work
Other:
II. Attend School/Complete Homework Complete homework as assigned every day Attend School Participate in tutoring as assigned
Other:
III. Personal Care
☐ Bathe Daily/Brush Teeth ☐ Wash/Dry Personal Laundry ☐ Take medication/Learn to be responsible for Medical Care
Other:
VI. Communication/Development
 Attend Staffings and Court Hearings Discuss School and Career Plans with Care Manager Communicate with GAL (Guardian Ad Litem)
Other:
V. □Participate in Life Skills Training Other:

SECTION III:

Activities Section

Approved activities are the second part of the CBC Teen Normalcy Plan. If the youth demonstrates responsibility by maintaining compliance with their CBC Teen Normalcy Plan, then the licensed care provider has the authority to approve the following age appropriate activities:

Suggested activities for ages 13-14:		
Extracurricular School Activities- After School and on Weekends		
Participate in Activities and Functions with Friends from School under Supervision		
Telephone use within reason; set an amount of time daily and time frames that is ok with the		
caregiver.		
Weekday timeframe:		
Weekend timeframe:		
Curfew time for weekdays: and weekends:		
Other: Be Specific		
Other: De Specific		
Suggested activities for ages 15-16:		
Extracurricular School Activities- After School and on Weekends		
Participate in Activities and Functions with Friends from School without Supervision for up to		
3 hours		
Telephone use within reason; set an amount of time daily and time frames that are ok with the		
caregiver.		
Weekday timeframe:		
Weekend timeframe:		
Curfew time for weekdays: and weekends:		
Part time employment		
Arriving home after school alone for up to hours.		
Other: Be Specific		

Suggested activities for ages 17-18

(16 year olds are included in this category if they have proven the	nemselves in the responsibilities
listed above for at least 3 months prior to moving on to this cat-	egory)
Extracurricular School Activities- After School and on Weel	kends
Participate in Activities and Functions with Friends from Sc	hool Unsupervised within reason
Telephone use within reason; set an amount of time daily an	d time frames that is ok with the
caregiver.	
Weekday timeframe:	
Weekend timeframe:	
Curfew time for weekdays: and weekends:	
Part Time Employment	
Can have a cell phone	
Can use public transportation	
Arriving home after school alone for up tohours.	e e e
Dating	
Prom/Other School Functions Unsupervised	
Spend Night at Friends House without Homestudy or Back	ground Checks
Take classes that are required for a driver's license	
A.	
Other: Be Specific	
	All and a second a
Youth Name (Print)	Date
Youth Signature	
Total Digitature	
$C = (D : \cdot)$	Dete
Care manager (Print)	Date
Care Manager Signature	
Licensed Care Provider (Print)	Date
Licensed Care Provider Signature	
Licensed Care I Toylder Digitature	
C D t	
Supervisor Review on:	
Supervisor Signature	



Teen Plan

Note: The teen plan outlines age appropriate activities for all youth ages 13 up to 18 who are in licensed foster care. This plan must be individualized and developed in collaboration with the youth, caregiver and child welfare case manager. Section II of the teen plan must be reviewed and updated quarterly. Sections I and II must be updated whenever there is a placement change.

SECTION I:

YOUTH'S DEMOGRAPHICS:

PARTIES TO THE TOTAL THE T	
Name:	DOB/Age:
- Control of the Cont	
Address:	
Phone:	☐ Male ☐ Female
CURRENT LIVING ARRANGEMENT:	
☐ Regular Foster Home ☐ Therapeutic Foster Home	Group Home
Other:	_
Name of placement:	
Length of time in current placement:	
EDUCATIONAL INFORMATION:	
What type of school are you currently enrolled in?	
☐ MIDDLE SCHOOL ☐ HIGH SCHOOL [☐ VO-TECH	GED COLLEGE
Name of School:	
Are you currently involved in extracurricular activities? If Yes, What:	☐ YES ☐ NO
Have you ever been suspended or expelled from school? If Yes, When: Why:	☐ YES ☐ NO

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EMPLOYMENT STATUS:	nachdead Produkter Produkter Produkter Static Bandick	
☐ I am working part-time	in market in the second	ing full-time
☐ I am looking for a job	ar. 1984in ketaa <u></u>	p to maintain a job
I am unable to work because:	មប្រ ៤(ឆ្នាំ ។ ។ (ប៉ុន្តែ) (ប៉ុន្តែ) នូវ។ (ខ្លុំ	
### 1945 195 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955 1955	t di distribution di proposition Proposition di finance di Co	
Have you ever had a problem with or	received treatment for the us	e of drugs or alcohol?
YES NO 100		
If Yes, What?	When?	
Have you ever been diagnosed or treat	ated for a major mental illness	? YES NO
If Yes, What?	When?	
Are you now or have you ever attend	ed counseling or therapy?	☐ YES ☐ NO
If Yes, for What?	Where?	
Are you currently taking any psychot	ropic medication?	☐ YES ☐ NO
If Yes, What?		
RESTRICTIONS / DJJ:		
Are you restricted from any commun	ity locations?	☐ YES ☐ NO
If Yes, Where?	Why?	
Do you have DJJ involvement?		\square YES \square NO
If Yes, are you on probation?	For how long?	
Signature of Youth		Date
Signature of Foster parent(s) or careg	iver(s)	Date
Signature of Child Welfare Case Mar	nager	Date



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Name	enigr -	ron, ri partino. nao na pamininjah jikopanga. nao kangana nao manaka	97 37	_ DOB/Age:
foster c child w and II r SECT	are. This plan must be	ge appropriate acti individualized and ection II of the teen er there is a placen	developed in coll plan must be rev	h ages 13 up to 18 who are in licensed aboration with the youth, caregiver and iewed and updated quarterly. Sections i
A. St	ructured Activities	(i.e. extracurri	cular and cor	nmunity activities, work, etc.)
1.				
2.				
3.				
4.				
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B. Un	structured Activiti			
1.				
2.				
3.				
4.				
5.				
CURI				
1.	Weekday Curfew:			
2.	Weekend Curfew:			_
2	Holiday Curfew			

Date

Date

Date

STRENGTHS AND NEEDS (This section is to be completed by the caregiver and should include the youth's strengths and needs, as assessed by the caregiver):

au include the youth's streng	्रावाचात्र स्थापकः स्थापकात्र स्थापकः स्थापकः स्थापकः स्थापकः स्थापकः	eer nage Sound sour Sound Sour, one Holde Lifebook Holde Lifebook	
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KNOWLEDGEMENT:			
gning this Teen Plan, I ackn	owledge:		
I have participated in the dev	elopment of this Te	en Plan.	
I have received a copy of thi	Teen Plan.		

Signature of Youth

Signature of Foster parent(s) or caregiver(s)

Signature of Child Welfare Case Manager



TEEN NORMALCY PLAN YOUTH & CAREGIVER AGREEMENT

The purpose of this agreement is to identify specific age-appropriate activities, responsibilities & life skills for youth, ages 13-17, that are in licensed care, under the supervision of FamiliesFirst Network. In addition, the agreement outlines the authority of the foster parents or caregivers to approve participation in age-appropriate activities of youth in their care. The goal is to assist youth, in licensed care, to achieved the opportunities of normalcy.

This plan is to be developed with the youth, caregiver & Family Services Counselor. This plan shall be individualized in addressing each youth in care and must be reviewed & updated every 90 days.

NAME:	DOB:	AGE.
AGE APPROPRIATE RES	PONSIBILITIES & GOALS	
For youth, ages 13+:	- 10 and 14 days de - 10 and -	
Keeping room clean		
Completing homework		
Maintaining good, proper hygiene		
Attending court hearings & taking part in	case planning	
Knowing your Judge & Guardian ad Litem		
For youth, ages 14+:		
Completing assigned household chores		
Washing own laundry		
Demonstrating good study habits/time ma	anagement skills	
Attending & participating in extra-curricul	ar activities (school, churc	h, or other social group)
Preparing for FCAT testing		
Introducing self to FSC's supervisor by per	rsonal contact, phone ca	ll, letter or email
For youth, ages 15+:		
Begin pursuing job opportunities suitable	for age 16 (including volun	iteer opportunities)
Preparing for ACT &/or SAT testing		
For youth, ages 16+:		
Seeking & gaining a part-time job or be ac	tively involved in school	/community
Maintaining a passing GPA (grade point av	erage) in school	
FFN Form – CMT014 – Youth Normalcy Plan - 08/2007 (All previous forms should be destroyed)		Page 1 of

For youth, age 17:
Opening a bank account; maintain a positive balance in bank account.
Having all required courses near completion in the anticipation of graduation
Updating FSC of any change in residence or contact information
Discussing academic & personal plans with FSC & Indep Living Coordinator so they can
assist in
making those plans reality
other:

AGE APPROPRIATE ACTIVITIES

For youth, ages 13+:
Should be able to participate in an after school program or extra curricular activity
Should be able to attend functions of others with the supervision of legal guardian
For youth, ages 14+:
Should be able to attend extra curricular activities (not to exceed 3 per week)
Should be able to attend public places with friends with supervision of legal guardian
For youth, ages 15+:
Should be able to attend extra curricular activities (not to exceed 4 per week)
Should have off campus outings with friends without the supervision of guardian
(activity should not exceed after 3 hours)
Should have a curfew of p.m. on week-days & p.m. on week-ends.
For youth, ages 16+:
Should have off campus outings with friends without the supervision of guardian
(activity should not exceed after 6 hours)
Should have a curfew of p.m. on week-days & p.m. on week-ends.
For youth, ages 17:
Should be able to participate in all functions of their school, including prom,
homecoming, etc.
Should have a curfew of p.m. on week-days & p.m. on week-ends.
Should be able to go out with friends on outing and outings should not exceed past
their curfew.
other:

LIFE SKILLS

For all youth: Attend & participate in Life Skills trainings
For youth, ages 13+: Be aware of proper hygiene habits Have a working knowledge on how to have a clean room Have a working knowledge on how to wash laundry
For youth, ages 14+: Should begin to learn how to cook Should know how to use different cleaning materials & chemicals Should have a working knowledge on how to use maps & the different means of transportation available
For youth, ages 15+: Should have proper cooking & cleaning habits Should know how to complete a job application Should know how to write a resume'
For youth, ages 16+: Should know how to apply for a job Should have interviewing skills Should know how to iron & color coordinate clothes for different events
For youth, ages 17: Should begin to learn or already know how to budget their money Should know how to look for a place to live Should have a working knowledge of the career path that they have chosen, whether its work or college.
other:

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HOUSE RULES

The house rules cover common rules and expectations as they relate to a specific foster home/group care placement.

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<u> </u>	 		

CAREGIVER'S RESPONSIBILITIES TO YOUTH

a	Work with the youth and agency in planning for permanency as it pertains to the youth. Permanency planning may include: adoption, reunification with parent, placement with
a	relative or non-relative or independent living.
	Keep the youth's Resource Record up-to-date.
leve	Ensure that the youth has supervision appropriate to his/her age and/or developmental l.
T of the second	Know where and with whom the youth is staying and the type of supervision they are receiving when an outing or overnight activity is approved. Youth may not remain in an unlicensed setting for any time other than a planned, supervised outing or overnight
activ	without the explicit approval of the department.
 runa	Take immediate action if it is determined that the youth in your care is missing or has way.
	Encourage the youth opportunities to develop interests and skills through participation
	and community activities, such as music, art, sports, and special interest clubs.
-	Respect the youth's body, person, possessions, bed and personal space.
othe	Assist and ensure the youth is given the opportunity to take part in court hearings, and
	staffings concerning them and his/her family.
 thos	Maintain and respect youth's belongings that were brought into the home as well as
whe	purchased or subsequently obtained for them. These belongings go with the youth

	they leave the foster nome/group care placement.
boai	Provide the youth with his/her monthly spending allowance which is included in the d d payment
and	Treat the youth as if they were their own. They should be included in family outings vacations.
	Include the youth in decision making by asking for their thoughts and opinions.
Othe	er:

[Reference bilateral agreement signed by foster parent(s)]

SIGNATURE PAGE

Youth Name (print)	
Youth Signature	Date
Family Services Counselor (print)	
Family Services Counselor	Date
Signature	
Foster Care Provider (print)	
Foster Care Provider Signature	Date

Update:

Opuace.		
Youth Name (print)		
Youth Signature	Date	
Family Services Counselor (print)		
Family Services Counselor	Date	
Signature		
Foster Care Provider (print)		
Foster Care Provider Signature	Date	

Update:

Youth Name (print)	Date	
Youth Signature		
Family Services Counselor (print)		
Family Services Counselor	Date	
Signature		
Foster Care Provider (print)		

Foster Care Provider Signature	Date
Update:	
Youth Name (print)	
Youth Signature	Date
Family Services Counselor (print)	
Family Services Counselor	Date
Signature	
Foster Care Provider (print)	
Foster Care Provider Signature	Date

Supervisor Signature	Date Reviewed



HKI Teen Normalcy Plan Responsibilities Section

Note: The HKI Teen Normalcy Plan is a written plan that outlines the responsibilities and age appropriate activities developed for each HKI youth ages 13-17 in licensed care. The HKI Teen Normalcy Plan must be developed in collaboration with the youth, caregiver and care manager and reviewed by their supervisor. Each HKI Teen Normalcy Plan is specific to the individual youth and must be reviewed and updated every ninety days.

Youth:		DOB:	Age:
_	Chores It is expected that clothes and other items It is expected that the bed will be made up Wash dishes — times per week Vacuum/Sweep Feed pets Yard Work		
Other:			
2.	Attend School/Complete Homework Complete homework as assigned every day Attend School Participate in tutoring as assigned		
	·		
3. Other:	Personal Care Bathe Daily/Brush Teeth Wash/Dry Personal Laundry Take Medication/Learn to be responsible for	Medical Care	

 4. ☐ Communication/Development ☐ Attend Staffings and Court Hearings ☐ Discuss School and Career Plans with Care Manager
Communicate with GAL (Guardian Ad Litem)
Other:
5. Participate in Life Skills Training –Complete your Training Log
6: Other:
Activities Section Approved activities are the second part of the HKI Teen Normalcy Plan. If the youth demonstrates responsibility by maintaining compliance with their HKI Teen Normalcy Plan, then the licensed care provider has the authority to approve the following age appropriate activities:
Suggested activities for ages 13-14 Participate in after school academic programs or sports
Participate in activities and functions with friends from school/others under the supervision of the legal guardian or other adult approved by the foster care provider
Other: Be Specific
· · · · · · · · · · · · · · · · · · ·
<u>Suggested activities for ages 15-16</u> Youth can participate in activities with friends & peers (movies, shopping, attend school events) without adult supervision. (Should not exceed 3 hours) Youth can spend the night with friends from school, church other social group
Other: Be Specific

Suggested activities for ages 16-17

Youth can participate in unsupervised activities; including dating as long as the foster care provider can verify friends/dates are from school, church or other approved social group

Youth can participate unsupervised in school functions such as homecoming and Youth can spend the night with friends from school, church other social group _____weekdays _____ Fri & Sat Youth has a curfew of: for unsupervised activities Youth can ride public transportation Youth can obtain employment Youth can have a cell phone Youth can use telephone unsupervised between the hours of: Weekdays Weekends Other: Be Specific Date Youth Name (Print) Youth Signature Date Care Manager (Print) Care Manager Signature Licensed Care Provider (Print) Date _____ Licensed Care Provider Signature Supervisor Reviewed on / / Supervisor Signature



Note: The teen normalcy plan outlines the responsibilities and age appropriate activities for all SCC youth between the ages of 13-17 in licensed foster care. This plan must be individualized and developed in collaboration with the youth, caregiver, and case manager. Review and update this plan every 90 days.

Foster care provider should use standard of being a "prudent parent" when making decisions.

Name:		DOB/Age:	
Hume.	***************************************	DOD, ASC	

Youth Responsibilities

Chores: The teen is responsible for the following chores

Chore	Frequency (1x per week, daily, monthly)
Put clothes away	
Wash clothes	
Take out trash	
Dishes	
Other:	
Other:	
Other:	
Other:	

Teen must attend school regularly

Teen will complete homework as assigned

Teen will attend all staffings and court hearings

Teen will discuss school and career plans with case manager

Teen will communicate with their assigned Guardian Ad Litem

Activities Section

The Foster Parent/Licensed Care Provider has the authority to approve age appropriate activities if the youth demonstrates their ability to be responsible and abide by the teen plan.

Suggested activities for ages 13-14

Participate in after school academic programs or sports

Participate in activities and functions with friends from school/others under the supervision of the legal guardian or other adult approved by the foster care provider.

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Agreed upon activities include	le:	
school events) without adult	ities with friends and p supervision. (should no	peers (movies, shopping, attend ot exceed 3 hours). Teen can spend social groups if approved by the
Agreed upon activities includ	e:	
Suggested activities for ages Teen can participate in unsup care provider approves.		uding dating as long as the foster
Teen can participate in unsup prom	pervised in school funct	tions such as homecoming and
Teen can spend the night wit	h friends	
Teen as a curfew of	weekdays and	Friday & Saturday nights
Teen can ride public transpor	tation	
Teen can have a cell phone Teen can be employed		
Teen can use the cell phone เ Friday & Saturday	unsupervised	and
Agreed upon activities include	e:	

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ACKNOWLEDGEMENT:

In signing this Teen Plan, I acknowledge	ln	signing	this	Teen	Plan,	I	acknowledge	e:
--	----	---------	------	------	-------	---	-------------	----

- I have participated in the development of this Teen Plan.
- I have received a copy of this Teen Plan.

Signature of Youth	Date
Signature of Foster parent(s) or caregiver(s)	Date
Signature of Foster parent(s) or caregiver(s)	Date
Signature of Child Welfare Case Manager	Date
Copy: File, court, teen, foster care provider	