



**State of Florida**  
**Department of Children and Families**

**Ron DeSantis**  
Governor

**Shevaun L. Harris**  
Secretary

---

**DATE:** September 9, 2024

**TO:** Community Directors  
Community-Based Care Lead Agency CEO's

**FROM:** Kate Williams, Assistant Secretary for Child & Family Well-Being *KW*

**SUBJECT:** Guidance on the Expansion of Postsecondary Education Services and Support (PESS) and Aftercare Services effective July 1, 2024.

---

**PURPOSE:** The purpose of this memorandum is to provide guidance on the expansion of Postsecondary Education Services and Support (PESS) and Aftercare Services program that took effect July 1, 2024, and provide procedural documentation on implementation.

**BACKGROUND:** The existing Postsecondary Education Services and Support program [s. 409.1451(2), Florida Statutes (F.S.)] allows youth who were adopted or closed in permanent guardianship at ages 16 or 17 and who spent at least six of the last 12 months in licensed care, to be eligible for the program after turning 18 provided they meet the additional eligibility criteria. The Aftercare Services Program (s. 409.1451(3), F.S.) allows youth who were in Department custody at the time they turn 18 to be eligible for services.

**NEW INFORMATION:** Effective July 1, 2024, s. 409.1451(2), F.S., expands the eligible Postsecondary Education Services and Support population to allow eligibility for the program to start at 14 years of age instead of 16 years of age and s. 409.1451(3), F.S., expands the eligible Aftercare Services population to allow for any young adult between the ages of 18 and 22 who was in out-of-home care for at least six months after their 14th birthday and was not reunified with their parent or guardian to be eligible for the program.

The Department has created the following guidance to support the determination of PESS and Aftercare eligibility.

**Postsecondary Education Services and Support**

1. The Department will require agencies to continue to utilize the "Postsecondary Education Services and Support (PESS) AND Education and Training Voucher (ETV) Initial, Renewal and Reinstatement Application" for the newly eligible populations. If the young adult is eligible under the new criteria, the agency will notate this on the form.
2. Once the application has been completed, the form shall be uploaded into FSFN under the file cabinet utilizing the following steps:
  - a. Image Category: Independent Living
  - b. Image Type: Other Documents
  - c. Lower Image Text Box 2: PESS Expansion Application
3. The agency will keep a monthly record of all eligible and denied young adults who apply for the program under the new eligibility requirements until the ability to document in FSFN

2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

**MEMO:** Guidance on the Expansion of Postsecondary Education Services and Support (PESS) and Aftercare Services effective July 1, 2024.

September 9, 2024

Page 2

becomes available. Once the ability to document in FSFN has been made available, the agencies shall enter all applications received into FSFN within 45 days.

4. The new OCA Code for this population is SFPEX (OCA Title: State Funded – PESS Expansion).

5. If a young adult is deemed ineligible for the program, the young adult has the right to an appeal and agencies should follow the currently established appeal process as outlined in 65C-42.004, Florida Administrative Code (F.A.C.).

#### Aftercare Services

1. The Department has created a temporary “Application for Aftercare Services Form” specific for this expanded population to document and determine eligibility (see attached).

2. Once the application has been completed, the form shall be uploaded into FSFN under the file cabinet utilizing the following steps:

a. Image Category: Independent Living

b. Image Type: Other Documents

c. Lower Image Text Box 2: Aftercare Expansion Application

3. The agency will keep a monthly record of all eligible and denied young adults who apply for the program under the new eligibility requirements until the functionality to document in FSFN becomes available. Once the ability to document in FSFN has been made available, the agencies shall enter all applications received into FSFN within 45 days.

4. The new OCA Code for this population is SFAEX (OCA Title: State Funded – Aftercare Expansion)

5. If a young adult is deemed ineligible for the program, the young adult has the right to an appeal and agencies should follow the currently established appeal process as outlined in 65C-42.004, F.A.C.

Chapter 65C-42, F.A.C., is currently being updated to reflect the new legislative changes.

**ACTION REQUIRED:** Please share this memorandum with all case management staff, independent living, and other service providers as appropriate who will serve the Aftercare, PESS, EGAP, and EMAS populations respectively.

**CONTACT INFORMATION:** If you have any questions or require additional information, please contact Cal Walton, III, Deputy Director, Youth and Young Adult Services, at 407-241-4712 or [Cal.Walton@myflfamilies.com](mailto:Cal.Walton@myflfamilies.com).

Attachment: Application for Aftercare Services

cc: Community-Based Care Lead Agency CFO's  
Office of CBC/ME Financial Accountability  
Child Protection Directors  
Chiefs of Licensing



# Application for Aftercare Services (Relative/Non-Relative/Guardianship/Adoption)

Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Contact – Name and Phone number:

Name	Phone Number

Aftercare Services, including temporary financial assistance, are available to help you upon request if you meet the following requirements:

- You are not currently in Extension of Guardianship Assistance Program (EGAP) or receiving an Extension of Maintenance Adoption Subsidy (EMAS).
- You reached the age of 18;and were placed in out-of-home care for at least six months after turning 14 years of age and did not achieve reunification with your parent or guardian.
- You are not currently receiving financial assistance under the Road to Independence Postsecondary Education Services and Support (PESS) Program; and
- You are not yet 23-years-old.

Please explain why you need Aftercare services and support?  
(must include what program you would like to transition to)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Do you have any supportive adults? (i.e. mentors, adult connections, guardians) ?  Yes  No  
If yes, provide the names and relationship to you: :

---

---

---

What community resources have you applied for and were those resources denied?

---

---

---

Do you currently receive, or have you recently applied for any benefits?  
(including SNAP/Food Stamps, TANF [cash assistance], Medicaid, SSI, Section 8, HUD, etc.)?  Yes  No

If yes, please complete the chart below, listing the benefit type, monthly amount and end date, if applicable. If the benefit is provided more frequently than monthly, please specify how frequently you receive the benefit (biweekly, weekly, daily) and the amount. If it is a one-time benefit or payment, please write the date you received the benefit or payment.

Benefit Type	Monthly Amount	Application Date for Benefits or End Date of Benefits
	\$	
	\$	
	\$	
	\$	

I affirm that the information I have provided on this application is true and accurate to the best of my knowledge.

Young Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Young Adult's Name (print)                      Phone Number                      Email

# Application for Aftercare Services (Relative/Non-Relative/Guardianship/Adoption)

## Notice of What Happens Next

A decision must be made within 10 business days of the date on which you submit this application to a case manager/designated staff. You can expect a written notice of approval or denial, or a request for supporting documentation, within those 10 days.

If you are requesting services to prevent homelessness, services must be provided within 24 hours.

If your application is denied in whole or in part, you will receive a notice explaining the decision and information on how to appeal this decision should you choose to do so.

If more documentation is needed, you will be advised of the supporting documentation you must provide. You will have 10 business days to provide the supporting documentation. If you need help obtaining the additional information, designated staff will assist you.

---

### Case Manager/Designated Staff:

I acknowledge that I received this application on \_\_\_\_\_.

I will give \_\_\_\_\_ a written decision by \_\_\_\_\_, 10 business days from today.

\_\_\_\_\_  
Name of Case Manager or Designated Staff (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number (including area code and extension, if applicable)

\_\_\_\_\_  
Email Address

[A copy of this page and all preceding pages of the form shall be provided to the young adult by the case manager/designated staff and a copy placed in the young adult's case file.]

**STAFF TO COMPLETE THE FOLLOWING INFORMATION AND DOCUMENT IN THE YOUNG ADULT'S CASE FILE:**

Instructions: Please verify the following eligibility information in the Florida Safe Families Network (FSFN).

**Age:** The young adult has reached 18 years of age but is not yet 23 years of age.

True  False

**Postsecondary Education Services and Support:** The young adult is not receiving financial assistance under s. 409.1451(2), F.S.

True  False

- **Foster Care:** The young adult reached the age of 18 and was placed in out-of-home care for at least 6 months after turning 14 years of age and did not achieve reunification with a parent or guardian.

True  False

- **Foster Care:** The young adult is not currently in Extension of Guardianship Assistance Program (EGAP) or receiving Extension of Maintenance Adoption Subsidy (EMAS).

True  False

---

The young adult qualifies for Aftercare Services, and services and/or support will be provided as described in the Aftercare Services Plan.

The young adult qualifies for Aftercare Services; however, services and/or support will not be provided as requested for the following reasons:

---

---

---

---

The young adult does not qualify for Aftercare Services.

\_\_\_\_\_  
Name of Case Manager or Designated Staff (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Supervisor (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application for Aftercare Services  
(Relative/Non-Relative/Guardianship/Adoption)**

**NOTICE OF INSUFFICIENT DOCUMENTATION**

\_\_\_\_\_  
Name of Young Adult

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Case Manager or Designated Staff (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Phone Number (including area code and  
extension, if applicable)

\_\_\_\_\_  
Email Address

More documentation is required to process your Application for Aftercare Services. Please provide your case manager or designated staff the following information within 10 business days of receiving this notice:

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff and a copy placed in the young adult's case file.]

**Application for Aftercare Services  
(Relative/Non-Relative/Guardianship/Adoption)**

**NOTICE OF INSUFFICIENT DOCUMENTATION**

To be completed by the case manager or designated staff and placed in the young adult's case file.

\_\_\_\_\_  
Name of Young Adult

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Case Manager or Designated Staff (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- The documentation requested in the Notice of Insufficient Documentation was provided within 10 business days of receipt of the Notice.
  
- The documentation requested in the Notice of Insufficient Documentation was not provided within 10 business days of receipt of the Notice.