



# Application for Aftercare Services

Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Alternate Contact – Name and 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 Extended Foster Care;
- You reached the age of 18 while you were in licensed out-of-home care;
- You are not currently receiving financial assistance under the Road to Independence Postsecondary Education Services and Support (PESS) Program or the Road to Independence Program as administered prior to January 1, 2014; and
- You are not yet 23-years-old.

Have you submitted the form “My Decision to Leave Foster Care” to your case manager?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when?

\_\_\_\_\_

Are you planning to leave Extended Foster Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when?

\_\_\_\_\_

Were you discharged from Extended Foster Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when?

\_\_\_\_\_

Are you receiving financial assistance from PESS?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have you submitted or are you completing an application to be readmitted into Extended Foster Care or for PESS?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

If yes, what is the date of your application?

\_\_\_\_\_

Do you need help in order to live independently? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the help you need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need financial assistance to achieve eligibility for Extended Foster Care or PESS?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the help you need:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you homeless or at risk of becoming homeless? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe where you currently live and/or why you are at risk of becoming homeless.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently receive or have you recently applied for any benefits (including SNAP/Food Stamps, TANF [cash assistance], Medicaid, SSI, 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

Below is a listing of services available through Aftercare. Please indicate which services you require. These are not the only services available to you. If your needs are not listed, please use the space provided to request other services.

Mentoring or tutoring  
 Type of mentoring or tutoring requested: \_\_\_\_\_

Mental health services and substance abuse counseling  
 Type of services or counseling requested: \_\_\_\_\_

Life skills classes, including credit management and preventive health activities  
 Type of life skills classes requested: \_\_\_\_\_

Parenting classes

Job and career skills training  
 Type of skills training requested: \_\_\_\_\_

Counselor consultations  
 Type of consultation requested: \_\_\_\_\_

Temporary financial assistance for basic living needs (household goods, education expenses, security deposits, etc.)  
 Amount requested: \_\_\_\_\_ Reason: \_\_\_\_\_

Education on money management and budgeting

Other  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you identified a potential provider for these services?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Not Applicable

If yes, what is the name of the potential provider?

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Please list any special needs you have not already identified and any services you believe will assist you with those needs.

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

Name of Young Adult (Print): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

## Application for Aftercare Services 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.

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### Case Manager/Designated Staff:

I acknowledge that I received this application on \_\_\_/\_\_\_/\_\_\_\_. I will give \_\_\_\_\_ a written decision by \_\_\_/\_\_\_/\_\_\_\_, 10 business days from today.  
(Young Adult)

Name of Case Manager/ Designated Staff (Print)	Signature	___/___/____ Date
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Phone	Email
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[A copy of pages one (1) through five (5) of this 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 in the Florida Safe Families Network (FSFN) the eligibility information listed below.

**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 while in licensed foster care.

True       False

The young adult is not currently in extended foster care.

True       False

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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:

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The young adult does not qualify for Aftercare Services.

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Name of Case Manager/  
Designated Staff (Print)

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Signature

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Date

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Name of Supervisor (Print)

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Signature

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Date









## 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? <input type="checkbox"/> Yes (If yes, provide contact information) <input type="checkbox"/> No		
Name:	Phone number:	Agency:

### **YOUNG ADULT**

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**

Does the young adult currently reside in safe and appropriate housing? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, rank in order of preference the young adult's housing options:
1. _____
2. _____
3. _____

## Aftercare Services Plan (cont'd)

Will the young adult require special housing due to a mental health diagnosis/physical disability?  Yes  No

Does the young adult wish to apply for Extended Foster Care?  Yes  No

Does the young adult need a referral to housing services in the community?  Yes  No  
(If yes, include in follow-up activities.)

List the steps needed to make each of the young adult's housing goals occur:

### **EDUCATION PLAN**

Is the young adult currently attending school?  Yes  No

Name and type of school:

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

High School Diploma  GED  Special Diploma  College Degree  
 Technical Certificate

If working toward a High School Diploma, number of credits needed in order to graduate:

Does the young adult require and/or receive tutoring?  Yes  No

If yes, describe the services, the frequency and the subjects for which tutoring is received:

Does the young adult have his/her educational records?  Yes  No

If no, list ways for young adult to obtain:

### **Post-secondary and/ or Technical Education Information**

Describe the young adult's goals for post-secondary education and/or technical education:

Indicate timelines for reaching goals:

Does the young adult wish to apply for PESS?  Yes  No

Has the young adult applied for financial aid?  Yes  No  N/A (If no, include in follow-up tasks.)

## Aftercare Services Plan (cont'd)

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

### EMPLOYMENT

Is the young adult currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, is employment full-time or part-time?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Summer
Name of employer:			
Has the young adult worked previously?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Name of previous employer:			
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:			
Has the young adult been referred to career preparation services?	<input type="checkbox"/> Yes Status: <input type="checkbox"/> No (If no, include in follow-up tasks.) <input type="checkbox"/> N/A		
Does the young adult need a referral to the employment services in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, include in follow-up tasks.)		

### HEALTHCARE

Name of young adult's primary care physician:	Phone Number:
Name of young adult's OB-GYN (if applicable):	Phone Number:
Name of young adult's dentist:	Phone Number:
Name of young adult's eye doctor (if applicable):	Phone Number:

## Aftercare Services Plan (cont'd)

Is the young adult enrolled in Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medicaid #	
If no, state reasons:		
Does the young adult receive insurance from another source? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list source:		
Does the young adult have his/her insurance card? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, state location of card:		
Has the young adult been advised on how to retrieve his/her health care records? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, list efforts on how young adult can obtain records:		
<b>Physical Health</b>		
Is young adult currently prescribed any medications, psychotropic or other? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the following information:		
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		
If yes, is the young adult receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<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 the type of APD services:		

**DEPENDENTS**

Does the young adult have any children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Aftercare Services Plan (cont'd)

If yes, provide: Name(s):	DOB(s):	Gender(s):
Is the child in the young adult's custody?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
List name and type of services received:		
Does the young adult require any assistance with obtaining services for his/her child? If yes, include in follow-up activities.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult require child support for his/her child/children?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, discuss efforts being taken to assist the young adult with filing for child support:		

### LEGAL INFORMATION

<b>DJJ Involvement</b>		
Has the young adult <b>EVER</b> had any DJJ/Adult Criminal Justice involvement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have any current charges?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list charges and status:		
Does the young adult have a probation officer (Juvenile Probation Officer - JPO/ Probation Officer – PO)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the process of sealing/expunging records been discussed with the young adult?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### TRANSPORTATION

Does the young adult know how to access public transportation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, indicate steps to educate young adult:		

## Aftercare Services Plan (cont'd)

**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? Discuss location or attempts to locate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a social security card? Discuss location or attempts to locate:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a Medicaid card? Discuss its location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a valid Florida ID card? Discuss its location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a valid Driver License? Discuss its location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young adult have a resident alien card? Discuss its location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the young adult have a passport? Discuss its location or attempts to obtain:	<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 have a copy of the death certificates? Discuss the location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the young adult have a copy of his/her IEP records? Discuss the location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the young adult have copies of his/her medical and mental health records? Discuss their location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the young adult have his/her religious documents and information? Discuss their location or attempts to obtain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Aftercare Services Plan (cont'd)**

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

<b>Follow-up Tasks</b>	<b>Person Responsible</b>	<b>Deadline</b>

## Aftercare Services Plan (cont'd)

### 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			