

IN THE CIRCUIT COURT [REDACTED] JUDICIAL CIRCUIT
 IN AND FOR [REDACTED] COUNTY, FLORIDA
 FAMILY LAW/JUVENILE DIVISION

IN THE INTEREST OF: [REDACTED] CASE NO.: [REDACTED]

MINOR CHILD(REN) [REDACTED]

CASE PLAN FOR [REDACTED] (Primary Goal)

| | |
|-----------------|--|
| Mother: | [REDACTED] |
| Address: | Guardian ad litem: [REDACTED] <input type="checkbox"/> [REDACTED] is appointed <input type="checkbox"/> was discharged <input type="checkbox"/> needs to be appointed |
| | Dependency Case Manager: [REDACTED] |
| | Case Manager Supervisor: [REDACTED] |
| | Other: [REDACTED] |

| | |
|-------------------|-----------------|
| Father: | Address: |
| Father of: | [REDACTED] |
| Father: | Address: |
| Father of: | [REDACTED] |

NOTICE TO PARENTS:

This case plan was entered into by the above-named parties/participants in order to comply with sections 39.6011, 39.6012, 39.6013, 39.603, 39.621 and 39.701, Florida Statutes, all other applicable sections of chapter 39, and the Adoptions and Safe Families Act.

A PARENT MAY RECEIVE ASSISTANCE FROM ANY PERSON, AN ATTORNEY OR ANOTHER SOCIAL SERVICES AGENCY IN PREPARING THE CASE PLAN. YOU MAY REQUEST COURT MEDIATION TO ASSIST YOU.

PARENTS: YOU HAVE A RIGHT TO OBTAIN YOUR OWN ATTORNEY AT ANY STAGE OF THESE DEPENDENCY PROCEEDINGS, INCLUDING FOR ASSISTANCE IN THE PREPARATION OF THE CASE PLAN. YOU HAVE A RIGHT TO REQUEST THE COURT APPOINT AN ATTORNEY IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY. THIS RIGHT CONTINUES AT EACH AND EVERY STAGE OF A DEPENDENCY PROCEEDING, EVEN IF YOU HAVE PREVIOUSLY WAIVED THIS RIGHT.

Comment [d1]: User entered – needs to be bold when typed in by the user.

Comment [d2]: User entered – should also be bolded.

Comment [d3]: This needs to be a static dropdown that contains the following two values: Family Law and Juvenile. Also bold.

Comment [d4]: This section, containing the minor children, will be a pre-filled table structure containing each child's name and Date of Birth. This information will pre-fill from a new 'Participants' tab. Any case participants under the age of 18, whom are not selected as the Mother or Father(s) on the Participants tab, will pre-fill in this field.

Comment [d5]: Pre-fill with the Court Case Number documented on the Case Plan Tasks page.

Comment [d6]: If only one child pre-fills, should say 'minor child.' If more than one pre-fills, should say 'minor children.'

Comment [d7]: Case Plan for [REDACTED] (Primary Goal) will be a static dropdown containing the following values: Maintain and strengthen placement with parent(s); Reunification with parent(s); Adoption; Permanent Guardianship; Permanent Placement with a fit and willing relative; and Another Planned Permanent Living Arrangement. An application change will also need to be made to have the Case Plan, JR and Legal Modules contain the same values. The Legal Module, Court Approved Permanency Goals group box, will also contain the value 'No Court Approved Goal.' This value will not exist in the Case Plan.

Comment [d8]: Pre-fills with the name of the Mother selected on the Participants tab. The Participants tab is going to be a new tab and does not currently exist in the application.

Comment [d9]: User selected/entered.

Comment [d10]: User entered.

Comment [d11]: User entered.

Comment [d12]: User entered.

Comment [AJ13]: This will be a table structure and will pre-fill based on the information entered on the Participants tab. Whomever is documented as a 'Father' on the Participants tab will pre-fill here, and based on the relationships documented on the Relationship tab of the Maintain Case page, the system will pre-fill who the participant is the father of. The system will pre-fill each 'Father's' address from their respective Person Management records.

I. Reason for Department of Children and Families involvement:

| | |
|----|--|
| 1. | |
| 2. | |

II. Goal(s) The case plan goal is:

| Participant Name | Primary Goal | Concurrent Goal |
|------------------|--------------|-----------------|
| | | |

III. Overall Goal Compliance Expiration Date:

(Although Florida law permits case plans of up to twelve (12) months, section 39.806, Florida Statutes, permits termination of parental rights nine (9) months after the date a child is removed from the home or the date the case plan is accepted by the court, whichever is shorter. The case plan must be limited to as short a period as possible for accomplishing its provisions.)

THE FAILURE TO SUBSTANTIALLY COMPLY WITH THE CASE PLAN MAY RESULT IN THE TERMINATION OF PARENTAL RIGHTS SOONER THAN THE COMPLIANCE PERIOD SET FORTH IN THE CASE PLAN.

IV. Placement:

| | |
|--|---|
| ►#1 | Child 1: |
| Child is in out of home placement: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of placement/living arrangement: | |
| Reason(s) to continue in this placement: | <input type="checkbox"/> Placement is the least restrictive, most family like setting consistent with child's best interest and special needs. <input type="checkbox"/> Placement is in close proximity to the child's home. |
| Child is placed with siblings? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placement takes into account which school child attended prior to removal? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Change of school since removal? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placement supports parental visitation? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reasonable efforts to prevent removal or reunify family: | |
| Is the child a legal United States resident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If child is not a legal resident: | |
| Does the permanency plan include remaining in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has a petition for permanent special immigrant juvenile status or adjustment of status been filed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will a request for extension of jurisdiction beyond age 18 be made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is child ICWA eligible? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, was notice given to the tribe? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If notice was given, is the inquiry still pending? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ►#2 | Child 2: |
| Child is in out of home placement: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of placement/living arrangement: | |
| Reason(s) to continue in this placement: | <input type="checkbox"/> Placement is the least restrictive, most family like |

Comment [AJ14]: Pulled from Reason for Agency Involvement group box, on the Case Plan Tasks page – Needs tab.

Comment [AJ15]: User entered text field.

Comment [d16]: Pre-fill the current 'Primary Proposed Goals' from the Case Plan Goal pages. Pre-fill the current 'Concurrent Goals' from the Case Plan Goal pages. Therefore, if multiple Case Plan Goal pages created for the same participant, and are tied to the same Case Plan Task page, the system will pull in the goals documented on the most recent 'approved' or 'pending' Case Plan Goal page.

Comment [d17]: The reference values currently in the Legal and Case Plan modules will need to be updated to match the aforementioned values.

Comment [d18]: Pre-fill with the Case Plan Task Expiration Date.

Comment [d19]: This would pre-fill based on the OHP record. If child is in an out of home placement system would check yes, otherwise no.

Comment [d20]: This will pre-fill with the 'Service Category' and 'Service Type' of the current, open OHP. If the participant is not in an OHP, but is in a Living Arrangement, the type of Living Arrangement will pre-fill.

Comment [d21]: These two statements will pre-fill based on what is documented on the Out of Home Care tab, on the Case Plan Goal page.

Comment [d22]: A 'N/A' radio button will need to be added to the Out of Home Care tab, on the Case Plan Goal page, for each of the statements in blue font. In addition, the wording of each of these statements was discussed with DCF, and DCF made the decision that while the application and template wording does not match, the statements will be mapped to one another, and it is OK that the system wording does not match.

Comment [AJ23]: This will pre-fill from the Out of Home Care tab – Case Plan Goal page.

Comment [AJ24]: Captured on the CPG page – Basic tab.

Comment [d25]: CPG – Basic tab

Comment [AJ26]: This statement will need to be added to the CPG page – Basic tab.

Comment [AJ27]: This statement will need to be added to the CPG page – Basic tab.

Comment [d28]: This is captured on Person Management.

Comment [AJ29]: This statement will need to be added to the Person Management page.

Comment [AJ30]: This statement will need to be added to the Person Management page.

Comment [d31]: This would pre-fill based on the OHP record. If child is in an out of home placement system would check yes, otherwise no.

Comment [d32]: This will pre-fill with the 'Service Category' and 'Service Type' of the current, open OHP. If the participant is not in an OHP, but is in a Living Arrangement, the type of Living Arrangement will pre-fill.

| | |
|---|---|
| | setting consistent with child's best interest and special needs. <input type="checkbox"/> Placement is in close proximity to the child's home. |
| Child is placed with siblings? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placement takes into account which school child attended prior to removal? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Change of school since removal? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Placement supports parental visitation? | <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reasonable efforts to prevent removal or reunify family: | |
| Is the child a legal United States resident? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If child is not a legal resident: | |
| Does the permanency plan include remaining in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Has a petition for permanent special immigrant juvenile status or adjustment of status been filed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Will a request for extension of jurisdiction beyond age 18 be made? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Is child ICWA eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, was notice given to the tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If notice was given, is the inquiry still pending? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Comment [d33]: These two statements will pre-fill based on what is documented on the Out of Home Care tab, on the Case Plan Goal page.

Comment [d34]: A 'N/A' radio button will need to be added to the Out of Home Care tab, on the Case Plan Goal page, for each of the statements in blue font. In addition, the wording of each of these statements was discussed with DCF, and DCF made the decision that while the application and template wording does not match, the statements will be mapped to one another, and it is OK that the system wording does not match.

Comment [AJ35]: This will pre-fill from the Out of Home Care tab – Case Plan Goal page.

Comment [AJ36]: Captured on the CPG page – Basic tab.

Comment [d37]: CPG – Basic tab

Comment [AJ38]: This statement will need to be added to the CPG page – Basic tab.

Comment [AJ39]: This statement will need to be added to the CPG page – Basic tab.

Comment [d40]: This is captured on Person Management.

Comment [AJ41]: This statement will need to be added to the Person Management page.

Comment [AJ42]: This statement will need to be added to the Person Management page.

Comment [d43]: This will have to be user entered.

Comment [d44]: Case Plan Tasks page – Development tab and header, respectively.

Comment [AJ45]: Need to disable the current 'parent responsibilities' checkbox.

Comment [d46]: This replaces the current 'Parents Ongoing Responsibilities' text. This is referring to Tasks 1-7 below. Questions 4 and 7 will be included in the application, on the new Participants tab, in order for them to pre-fill the template.

Comment [d47]: After researching, DCF determined that the Department and Contract Providers Responsibilities did not need to be contained within the Court Involved Case Plan template. It is included as a user selected checkbox within the Attachments section of this template. The 'Mothers' tasks will pre-fill if a 'Mother' is selected and identified on the Participants tab (new tab to be designed). If there is not a mother documented at the time of launching the template, 'C: Mother' will be displayed, but the static text 'Tasks required by Mother' will not be displayed. In addition, there will be one blank table within the Mother's Primary Tasks section for the Mother.

Comment [AJ48]: Stephen Pennypacker determined that this could be static text in the template instead of a new field added to the Participants tab.

V. Identification of the role/responsibility of each party/participant:

A. **Barriers to goal achievement:** _____

B. **Case Plan Tasks:**

This Case Plan is based on a Family Assessment: Yes No
FSFN Plan ID: _____

SUBSTANTIAL COMPLIANCE WITH THIS CASE PLAN OCCURS WHEN THE CONDITIONS THAT CAUSED THE CREATION OF THIS CASE PLAN HAVE BEEN SIGNIFICANTLY REMEDIED TO THE EXTENT THAT THE WELL BEING AND SAFETY OF THE CHILD(REN) WILL NOT BE ENDANGERED UPON THE CHILD(REN)'S RETURN TO, OR THE CHILD(REN) REMAINING WITH, THE CHILD(REN)'S PARENT.

C. **Mother:** _____

Tasks required by Mother:

1. The Mother is responsible for the financial support of the child(ren).
2. The Mother is responsible for maintaining frequent and regular visitation and/or communication with the child(ren) sufficient to establish or maintain a substantial and positive relationship with the child(ren).
3. The Mother is responsible for maintaining monthly face to face contact with the dependency case manager.
4. The Mother is responsible for providing the dependency case manager with the Mother's address and telephone contact number within 3 days of any change.
5. The Mother is responsible for maintaining contact with the Mother's court appointed counsel.
6. The Mother shall cooperate with the Department/CBC in the execution of all releases of information for both herself and the child(ren).

7. The Mother shall notify the Department/CBC of any change in the composition of the household within 48 hours of the change.

Mother's Primary Tasks

| | | |
|-----------------------------|----------------|--------------------------------|
| ▶#1 | Mother's Name: | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶#2 | Mother's Name: | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶#3 | Mother's Name: | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |

D. Father(s)

Tasks required by Father(s):

1. The Father is responsible for the financial support of the child(ren).
2. The Father is responsible for maintaining frequent and regular visitation and/or communication with the child(ren) sufficient to establish or maintain a substantial and positive relationship with the child(ren).
3. The Father is responsible for maintaining monthly face to face contact with the dependency case manager.
4. The Father is responsible for providing the dependency case manager with the Father's address and telephone contact number within 3 days of any change.
5. The Father is responsible for maintaining contact with the Father's court appointed counsel.
6. The Father shall cooperate with the Department/CBC in the execution of all releases of information for both himself and the child(ren).
7. The Father shall notify the Department/CBC of any change in the composition of the household within 48 hours of any change.

Father's Primary Tasks

| | | |
|-----------------------------|---------------|-----------------------------|
| ▶#1 | , Father of ; | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |

- Comment [AJ49]:** Stephen Pennypacker determined that this could be static text in the template instead of a new field added to the Participants tab.
- Comment [AJ50]:** Only those tasks identified as being associated with the 'Primary Goal' will pre-fill this section.
- Comment [AJ51]:** The Tasks will be numbered, and will be preceded by an arrow indicator.
- Comment [AJ52]:** There is also an application change to identify if the task is associated with the Primary or Concurrent Proposed Goal. (new radio buttons), and will be labeled as 'Primary' and 'Concurrent.' This field will be required in the application.
- Comment [AJ53]:** If an Identified Problem has more than one task associated with it, the Identified Problem will repeat itself, pre-filling for each task populating the table.
- Comment [AJ54]:** Pre-fills from the Specific Task data entered on the Maintain Case Plan Item pop-up page.
- Comment [AJ55]:** Pre-fills based on the value selected from the 'Who pays' dropdown on the Maintain Case Plan Item pop-up page.
- Comment [AJ56]:** Pre-fills from the 'How to begin' field on the Maintain Case Plan Item pop-up page.
- Comment [AJ57]:** Pre-fills with the Specific Task Begin Date.
- Comment [AJ58]:** Pre-fills with the Specific Task End Date.
- Comment [AJ59]:** Pre-fills from the Person Responsible field on the Maintain Case Plan Item pop-up page.
- Comment [AJ60]:** Pre-fills from the 'Steps to complete task' narrative field on the Maintain Case Plan Item pop-up page.
- Comment [AJ61]:** Pre-fills based on the Provider searched and selected on the Maintain Case Plan ...
- Comment [AJ62]:** Pre-fills from the Estimated Cost field on the Maintain Case Plan Item pop-up ...
- Comment [AJ63]:** Pre-fills from the Frequency field on the Maintain Case Plan Item pop-up page.
- Comment [AJ64]:** This will need to be added to the Maintain Case Plan Item pop-up page, and wi ...
- Comment [AJ65]:** There is also an application change to identify if the task is associated with th ...
- Comment [AJ66]:** There is also an application change to identify if the task is associated with th ...
- Comment [AJ67]:** If there is not a father documented at the time of launching the template ...
- Comment [AJ68]:** See Comment AJ48
- Comment [AJ69]:** See Comment AJ49
- Comment [AJ70]:** These tasks are grouped by the Father's Names regardless of the order in whi ...
- Comment [AJ71]:** Pre-fills with each father's name based on the father(s) inserted on the new ...

| | |
|---|--------------------------------|
| When you should be done: | Person responsible to do task: |
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |
| ▶ #2 _____, Father of _____; _____ | Identified Problem: |
| Task – What has to be done: | Who pays: |
| How to begin: | Begin your tasks by (date): |
| When you should be done: | Person responsible to do task: |
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |
| ▶ #3 _____, Father of _____; _____ | Identified Problem: |
| Task – What has to be done: | Who pays: |
| How to begin: | Begin your tasks by (date): |
| When you should be done: | Person responsible to do task: |
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |
| ▶ #4 _____, Father of _____; _____ | Identified Problem: |
| Task – What has to be done: | Who pays: |
| How to begin: | Begin your tasks by (date): |
| When you should be done: | Person responsible to do task: |
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |

E. Concurrent Tasks

Mother's Concurrent Tasks

| | |
|------------------------------------|--------------------------------|
| ▶ #1 Mother's Name: | Identified Problem: |
| Task – What has to be done: | Who pays: |
| How to begin: | Begin your tasks by (date): |
| When you should be done: | Person responsible to do task: |
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |
| ▶ #2 Mother's Name: | Identified Problem: |
| Task – What has to be done: | Who pays: |
| How to begin: | Begin your tasks by (date): |
| When you should be done: | Person responsible to do task: |
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |
| ▶ #3 Mother's Name: | Identified Problem: |
| Task – What has to be done: | Who pays: |
| How to begin: | Begin your tasks by (date): |
| When you should be done: | Person responsible to do task: |

Comment [AJ72]: Only those tasks identified as being associated with the 'Concurrent Goal' will pre-fill this section. If there aren't any 'Concurrent Tasks' documented for the Mother or Father(s), then nothing will pre-fill this section. Only the 'E: Concurrent Tasks' section heading will be displayed.

| | |
|-------------------------|------------------------------|
| Steps to complete task: | Provider (Name and Address): |
| Estimated Cost: | Frequency: |
| NOTES: | |

Father's Concurrent Tasks

| | | |
|-----------------------------|-------------------------------|--------------------------------|
| ▶ #1 | _____, Father of _____; _____ | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶ #2 | _____, Father of _____; _____ | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶ #3 | _____, Father of _____; _____ | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |

Comment [AJ73]: These tasks are grouped by the Father's Names regardless of the order in which they are inserted on the Needs tab.

F. Visitation Information

Visitation with the Mother:

| | |
|--|--|
| ▶ Mother: | Frequency: |
| <input type="checkbox"/> Supervised: | <input type="checkbox"/> Unsupervised: |
| Visitation by the Mother shall be as already ordered by the court and modified by future court orders. | |

Comment [AJ74]: This will pre-fill with the Mother's Name based on the participant identified as the mother on the proposed Participants tab. All other fields are user entered.

Comment [AJ75]: Both checkboxes can be selected.

Visitation with the Father:

| | | |
|--|--|------------|
| ▶ #1 | Father: _____, Father of _____ | Frequency: |
| <input type="checkbox"/> Supervised: | <input type="checkbox"/> Unsupervised: | |
| Visitation by the Father shall be as already ordered by the court and modified by future court orders. | | |

Comment [d76]: This will be a static table, and will automatically populate 5 user entered 'Visitation with the Father' sections.

Comment [AJ77]: These are all user entered.

| | | |
|--|--|------------|
| ▶ #2 | Father: _____, Father of _____ | Frequency: |
| <input type="checkbox"/> Supervised: | <input type="checkbox"/> Unsupervised: | |
| Visitation by the Father shall be as already ordered by the court and modified by future court orders. | | |

| | | |
|--|--|------------|
| ▶ #3 | Father: _____, Father of _____ | Frequency: |
| <input type="checkbox"/> Supervised: | <input type="checkbox"/> Unsupervised: | |
| Visitation by the Father shall be as already ordered by the court and modified by future court orders. | | |

| | | |
|--|--------------------------------|--|
| ▶ #4 | Father: _____, Father of _____ | Frequency: _____ |
| <input type="checkbox"/> Supervised: | | <input type="checkbox"/> Unsupervised: |
| Visitation by the Father shall be as already ordered by the court and modified by future court orders. | | |

| | | |
|--|--------------------------------|--|
| ▶ #5 | Father: _____, Father of _____ | Frequency: _____ |
| <input type="checkbox"/> Supervised: | | <input type="checkbox"/> Unsupervised: |
| Visitation by the Father shall be as already ordered by the court and modified by future court orders. | | |

| | |
|---|-------|
| *Additional Visitation Information for the Father(s): | _____ |
|---|-------|

Comment [AJ78]: User entered.

Sibling Visitation: _____

Comment [AJ79]: These are user entered fields.

| | | |
|--|--------------------------------------|--|
| Frequency: _____ | <input type="checkbox"/> Supervised: | <input type="checkbox"/> Unsupervised: |
| Sibling visitation shall be as already ordered by the court and modified by future court orders. | | |
| Who makes it happen and what they have to do: | | |
| <input type="checkbox"/> Sibling visitation should not occur because: | | |

G. Community Based Care Tasks: _____

Comment [d80]: This section will all be user entered.

| | |
|---|---|
| Task: Maintain contact with mother | Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Out of County worker <input type="checkbox"/> N/A |
| Narrative: The Department/CBC will _____ | |
| Task: Maintain contact with father | Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Out of County worker <input type="checkbox"/> N/A |
| Narrative: The Department/CBC will _____ | |
| Task: <input type="checkbox"/> Make face to face contact with children <input type="checkbox"/> Telephone and other contact with Out of County worker | Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Out of County worker |
| Narrative: The Department/CBC will _____ | |
| Task: Case Manager will notify the CLS Attorney if the relative or caregiver has requested notice of hearing. _____ | |
| Task: Other _____ | |
| Task: Getting records and releases from <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: <input type="checkbox"/> Release needed for _____ <input type="checkbox"/> Release needed for _____ <input type="checkbox"/> Release needed for _____ | |

Comment [AJ81]: This was the additional task identified by DCF as needing to be added to the CBC Tasks.

| |
|--|
| <p>Task: Provide referral for</p> <p><input type="checkbox"/> Not made yet - target date for making referral</p> <p><input type="checkbox"/> Have already been made on (date)</p> |
| <p>Task: Provide referral for (Foster Family/Legal Custodian)</p> <p><input type="checkbox"/> Not made for yet - target date for making referral</p> <p><input type="checkbox"/> Have already been made on (date)</p> |

If adoption is the case plan goal with an identified placement, then the community based care provider shall have the following tasks prior to granting of the termination of parental rights petition:

Task: The counselor will provide the parents with the Family, Social and Medical History form to be completed prior to the Termination of Parental Rights.

Frequency: As needed

Location: TBA

Cost: None

Date to finish: Prior to Termination of Parental Rights

Task : The counselor will notify the parents in writing of the Adoption Reunion Registry prior to the Termination of Parental Rights.

Frequency: Once in writing

Location: Attached to this Adoption Case Plan

Cost: None

Date to finish: Prior to Termination of Parental Rights

Task: The counselor will attend all scheduled court hearings and report progress to the court.

Frequency: As needed

Location: Court

Cost: None

Date to finish: Ongoing throughout the case

Task: The counselor will notify the Guardian ad Litem Program, if appointed, within 48 hours of any change in the child’s placement and of any meetings/staffings conducted regarding the child in order for the volunteer to provide input/participation.

Frequency: As needed

Location: None

Cost: None

Date to finish: Ongoing throughout the case.

Task: The counselor will work with Children’s Legal Services for the Department of Children and Family Services to ensure all required paperwork is submitted in compliance with State and Federal Guidelines.

Frequency: As needed

Location: None

Cost: None

Date to finish: Ongoing throughout the case.

Comment [AJ82]: New fields will need to be added to the Case Plan Task page in the header. Adoption Case Plan will be a purpose and there will be dropdown to indicate the following: if it includes an identified placement – prior to granting TPR Petition; if it includes an identified placement – following entry of TPR judgment; or it does not include an identified placement.

Comment [AJ83]: If it is an Adoption Case Plan and the value is selected indicating it includes an identified placement – prior to granting TPR Petition, the following tasks will automatically populate.

Following entry of the termination of parental rights judgment with an identified adoption placement, the case manager shall have the following additional tasks:

Comment [d84]: If it is an Adoption Case Plan and the value is selected indicating it includes an identified placement – following entry of TPR judgment, the following tasks will automatically populate.

Task: The Adoptions Family Care Counselor will make an initial home visit with the child and caregivers within 30 days of case assignment and continue a minimum of quarterly visits with the child once assigned as a secondary worker.

Provider: Adoptions Family Care Counselor

Frequency: Quarterly

Location: The child and caregivers residence

Cost: No cost to Family

Date to Finish: Until the child's case has been staffed to the Adoption Family Care Counselor as primary.

Task: The Adoptions Family Care Counselor will initiate an adoptive homestudy on the prospective adoptive parents and provide them with the require adoption packet within 60 days from case assignment.

Provider: Adoptions Family Care Counselor

Frequency: Ongoing throughout the case

Location: The child and caregivers residence

Cost: No cost to Family

Date to Finish: Until the adoptive homestudy has been completed and approved.

Task: The Adoptions Family Care Counselor will complete a Child Study within 90 days of case assignment as secondary.

Provider: Adoptions Family Care Counselor

Frequency: Varies

Location: Varies

Cost: No cost to Family

Date to Finish: Within 90 days of case assignment as secondary.

Task: The Adoptions Family Care Counselor will refer the child for a Pre-Adoption Psychological Evaluation within 90 days of assignment as a secondary and insure that the child attends the scheduled appointment if the caregiver is unable to do so. A copy of the Pre-Adoptive Psychological Evaluation will be filed with the court upon receipt by the Adoption Family Care Counselor.

Provider: Adoptions Family Care Counselor

Frequency: Once per year until Adoption Finalization

Location: Varies

Cost: No cost to Family

Date to Finish: Within 90 days of case assignment as secondary.

If adoption is the case plan goal without an identified placement, then the community based care agency shall have the following additional tasks following granting of the termination of parental rights petition:

Comment [d85]: If it is an Adoption Case Plan and the value is selected indicating it does not include an identified placement, the following tasks will automatically populate.

Task: The Adoptions Family Care Counselor will register the child on the Adoption Exchange System (AES) within 30 days of the date of Termination of Parental Rights. A copy of the registration will be filed with the court upon completion by the Adoption Family Care Counselor.

Provider: Adoptions Family Care Counselor

Frequency: Once

Location: Adoption Exchange System
Cost: No cost to Family
Date to Finish: Within 30 days of TPR.

Task: The Adoptions Family Care Counselor will attend all court hearings and complete the Judicial Review Adoption Recruitment Report. The Adoption Family Care Counselor will provide the Judicial Review Adoption Recruitment Report it to the Primary Family Care Counselor to be attached to the Judicial Review Report a minimum of 21 days prior to the scheduled Judicial Review Hearing.

Provider: Adoptions Family Care Counselor

Frequency: Varies

Location: Varies

Cost: No cost to Family

Date to Finish: Until the child's case has been staffed to the Adoption Family Care Counselor as primary.

Task: The Adoptions Family Care Counselor will initiate a Life Book for the child within 30 days of assignment as a secondary worker and provide to the adoptive family upon adoption finalization.

Provider: Adoptions Family Care Counselor

Frequency: Varies

Location: Varies

Cost: No cost to Family

Date to Finish: Ongoing through the case.

Task: The Adoptions Family Care Counselor will develop a Child Specific Recruitment Plan for the child to include, but not limited to additional adoption websites and Heart Gallery Photos.

Provider: Adoptions Family Care Counselor

Frequency: As needed

Location: Varies

Cost: No cost to Family

Date to Finish: Within 30 days of TPR

Task: The Adoptions Family Care Counselor will respond to all inquiries regarding potential adoptive applicants timely and schedule Adoption Match Staffings regarding the child as frequently as possible.

Provider: Adoptions Family Care Counselor

Frequency: As needed

Location: Via telephone or writing

Cost: No cost

Date to Finish: Until the child is matched to an adoptive family.

For any case plan with a goal of APPLA or where the child is 17 years old, the community based care provider shall complete the following task:

Provide the child with the following documents:

1. A current Medicaid card
2. A certified copy of his or her birth certificate

Comment [AJ86]: Add a checkbox to the Case Plan Tasks page – Ongoing Responsibilities tab that states the following: Include Case Managers Tasks where Case Plan Goal for any child is APPLA or at least one child is 17 years of age and in Licensed Care. NOTE regarding logic: If at least one child is 17 and in licensed care automatically pre-fill these tasks; otherwise, look for checkbox having been selected.

3. A valid driver's license or Florida identification card
4. Information relating to Social Security insurance benefits if the child is eligible for such benefits
5. A full accounting of Social Security benefits and information on how to access those funds if the child has received these benefits and they are being held in trust
6. Information and training related to budgeting skills, interviewing skills, and parenting skills
7. All relevant information related to the Road-to-Independence Program, including, but not limited to, eligibility requirements, forms necessary to apply, an assistance in completing the forms.

Complete the following:

1. If the child is eligible for the Road-to-Independence Program, informed that he or she may reside with the licensed foster family or group care provider with whom the child was residing at the time of attaining his or her 18th birthday or may reside in another licensed foster home or with a group care provider arranged by the Department
2. Has an open bank account, or has identification necessary to open an account, and has been provided with essential banking skills
3. Has been provided with a clear understanding of where he or she will be living on his or her 18th birthday, how living expenses will be paid, and what educational program or school he or she will be enrolled in
4. Has been provided with notice of the youth's right to petition for the court's continuing jurisdiction for 1 year after the youth's 18th birthday as specified in s. 39.013(2) and with information on how to obtain access to the court
5. Has been encouraged to attend all judicial review hearings occurring after his or her 17th birthday

H. Children's Tasks:

Primary Tasks:

| | | |
|------------------------------------|----------------|--------------------------------|
| ▶#1 | Child 1 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶#2 | Child 2 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |

Comment [d87]: Pull in if under 18 and not the mother or father(s).

Comment [AJ88]: Only those tasks identified as being associated with the 'Primary Goal' will pre-fill this section.

Comment [AJ89]: The tasks will be grouped by child regardless of the order in which they are inserted on the tab.

Concurrent Tasks:

| | | |
|-----------------------------|---------|--------------------------------|
| ▶#1 | Child 1 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶#2 | Child 2 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |

Comment [AJ90]: Only those tasks identified as being associated with the 'Concurrent Goal' will pre-fill this section.

I. Foster parent(s)/legal custodian/other:

Responsibilities and Additional Tasks of the Caregivers

Your role is to provide for the safety, welfare and protection of any child entrusted to you. A caregiver must be capable of providing a physically safe environment and a stable, supportive home for each child under supervision. You must not release a child to anyone without approval from the counselor or the Court. These are additional tasks and responsibilities you have as a caregiver under this plan:

Comment [d91]: Pull in if over 18 and not the mother or father(s).

Comment [AJ92]: Include the 'Standard Caregivers Responsibilities' right before table using current logic.

Comment [AJ93]: This section is hard coded text pulled into the template if the 'Include Standard Caregivers Responsibilities' checkbox is selected on the Ongoing Responsibilities tab of the Case Plan Tasks page.

1. It is the responsibility of a caregiver to assure that each child's well-being is met, including, but not limited to:
 - a. Proper nutrition
 - b. Proper housing and clothing
 - c. Educational needs
 - d. Provision of routine immunizations
 - e. Provision of emergency and routine medical care. This does not include surgery, general anesthesia, psychotropic medications or extraordinary procedures. (You must notify the counselor of any medical care or treatment provided to a child placed in your care.)
 - f. Provision of specialty care for special needs of the children including mental health services.
 - g. Provision for education, include day care or preschool services, as eligible
2. It is the responsibility of a caregiver to abide by all court orders.
3. It is the responsibility of a caregiver to be actively involved with the counselor as a team member in achieving the court approved permanency goal for each child. You must never make negative statements about a child's family to the child or in the presence of the child.
4. It is the responsibility of a caregiver to assist with court ordered supervised or court ordered unsupervised visits and communication between a parent and a child. If the Court orders no visits or places limits on contact with a child, you must obey the court order regardless of whether you agree with the order. (You should not permit visits with a

child placed in your car by anyone other than the counselor or the Guardian ad Litem, without specific authority from the Court or the counselor.

5. It is the responsibility of a caregiver to assist with visitation and communication between a child and the child's siblings, if separated unless otherwise ordered by the Court.
6. It is the responsibility of a caregiver to maintain a child's eligibility for assistance from the State, including, but not limited to: ACCESS, Department of Child Support Enforcement, Department of Social Security Administration, Department of Education, and Department of Health.
7. It is the responsibility of a caregiver to ensure each child attend school or daycare, if required to do so by law (the Rilya Wilson Act) or if attendance is required as part of a plan to ensure the safety of the child.
8. It is the responsibility of a caregiver to inform the Court and the counselor if people move into or out of their home, or if there is a change to their residence or marital status.
9. It is the responsibility of a caregiver to contact the counselor concerning any plans for out-of-state travel while the case is under court supervision.

Additional Caregiver Responsibilities:

Comment [AJ94]: Narrative pulled into template from Case Plan Task – Ongoing Responsibilities tab.

Primary Tasks:

| | | |
|------------------------------------|----------------------|--------------------------------|
| ▶ #1 | Participant 1 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶ #2 | Participant 1 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶ #3 | Participant 2 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶ #4 | Participant 3 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |

Concurrent Tasks:

| | | |
|------------------------------------|----------------------|--------------------------------|
| ▶ #1 | Participant 1 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |
| ▶ #2 | Participant 1 | Identified Problem: |
| Task – What has to be done: | | Who pays: |
| How to begin: | | Begin your tasks by (date): |
| When you should be done: | | Person responsible to do task: |
| Steps to complete task: | | Provider (Name and Address): |
| Estimated Cost: | | Frequency: |
| NOTES: | | |

VI. Master Trust Information:

| | | |
|---|----------------|--|
| ▶ #1 | Child 1 | |
| 1) Does the child have a master trust account established already? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) If yes, has a statement of account been filed with the court? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) If no, does the child need a master trust account established? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) If yes, then case worker will establish account by the following date: | | |
| ▶ #2 | Child 2 | |
| 1) Does the child have a master trust account established already? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) If yes, has a statement of account been filed with the court? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) If no, does the child need a master trust account established? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) If yes, then case worker will establish account by the following date: | | |

VII. Health Information:

| | | |
|--|----------------|--|
| ▶ #1 | Child 1 | |
| Name of Primary Physician: | | |
| Address of Primary Physician: | | |
| Other Healthcare Provider: | | |
| Address of Other Healthcare Provider: | | |
| Name of Dental Provider: | | |
| Address of Dental Provider: | | |
| Name of Mental Health Professional: | | |
| Name of Psychiatrist: | | |
| Date of last Comprehensive Behavioral Health Assessment: | | |
| <input type="checkbox"/> Immunization record available | | |
| ▶ #2 | Child 2 | |
| Name of Primary Physician: | | |
| Address of Primary Physician: | | |
| Other Healthcare Provider: | | |
| Address of Other Healthcare Provider: | | |

Comment [d95]: These fields will need to be added to the Case Plan Goal page. The following background processing would be added to the application: If the answer to question 1 is 'Yes' then question 2 would be enabled and required. If the answer to question 1 is 'No,' then question 3 would be enabled and required. If the answer to question 3 is 'Yes,' then question 4 would be enabled and required.

Comment [AJ96]: This was input to demonstrate the manner in which the information would be displayed.

Comment [d97]: The Health Information section has been updated to be consistent with the current template design, which includes more comprehensive details. Additional fields have been added based on the design document provided to CGI by DCF.

Comment [AJ98]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ99]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ100]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ101]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ102]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ103]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ104]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ105]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ106]: Pre-fills from the MMH page – Mental Health Profile tab.

Comment [AJ107]: Pre-fills from the MMH page – Medical Profile tab.

Comment [AJ108]: This was input to demonstrate the manner in which the information would be displayed.

| | |
|--|--|
| Name of Dental Provider: | |
| Address of Dental Provider: | |
| Name of Mental Health Professional: | |
| Name of Psychiatrist: | |
| Date of last Comprehensive Behavioral Health Assessment: | |
| <input type="checkbox"/> Immunization record available | |

Medications:

| | | |
|--|---------------------------------|--|
| ▶ #1 | Child 1 | |
| Physician/Practitioner: | Child's DOB: | |
| Prescribed Medication: | Is Medication Psychotropic: Y/N | |
| Date Prescribed: | Date Stopped: | |
| <input type="checkbox"/> Parental/Guardian Consent | Date Consent Obtained: | |
| <input type="checkbox"/> Court Order Required | Date Court Order Obtained: | |
| ▶ #2 | Child 1 | |
| Physician/Practitioner: | Child's DOB: | |
| Prescribed Medication: | Is Medication Psychotropic: Y/N | |
| Date Prescribed: | Date Stopped: | |
| <input type="checkbox"/> Parental/Guardian Consent | Date Consent Obtained: | |
| <input type="checkbox"/> Court Order Required | Date Court Order Obtained: | |
| ▶ #3 | Child 2 | |
| Physician/Practitioner: | Child's DOB: | |
| Prescribed Medication: | Is Medication Psychotropic: Y/N | |
| Date Prescribed: | Date Stopped: | |
| <input type="checkbox"/> Parental/Guardian Consent | Date Consent Obtained: | |
| <input type="checkbox"/> Court Order Required | Date Court Order Obtained: | |

Comment [AJ109]: The Medications section has been updated to be consistent with the current template design, which includes more comprehensive details. Additional fields have been added based on the design document provided to CGI by DCF.

Comment [AJ110]: Each medication will be numbered. The medications will be grouped by participant name. The numbering will not start over for each participant, but will be continuous as displayed.

Comment [AJ111]: All fields within the Medications section pre-fill from the MMH page – Medications pop-up page.

Diagnosis, assessments and/or treatments for the child:

| | | |
|--|--------------------|------------|
| ▶ #1 | Child 1 | Child DOB: |
| First Service Date: | Last Service Date: | |
| Provider: | Condition Type: | |
| Provider Type: | Type of Service: | |
| Procedure: | | |
| Diagnosis: | | |
| Description of diagnosis, assessment and/or treatment for the child: | | |
| ▶ #2 | Child 2 | Child DOB: |
| First Service Date: | Last Service Date: | |
| Provider: | Condition Type: | |
| Provider Type: | Type of Service: | |
| Procedure: | | |
| Diagnosis: | | |
| Description of diagnosis, assessment and/or treatment for the child: | | |
| ▶ #3 | Child 2 | Child DOB: |
| First Service Date: | Last Service Date: | |
| Provider: | Condition Type: | |

Comment [AJ112]: The 'Diagnosis, assessments and/or treatments for the child' section has been updated to be consistent with the current template design, which includes more comprehensive details. Additional fields have been added based on the design document provided to CGI by DCF.

Comment [AJ113]: Each Condition will be numbered. The conditions will be grouped by participant name. The numbering will not start over for each participant, but will be continuous as displayed.

Comment [AJ114]: All fields within the Diagnosis, assessments and/or treatments for the child section pre-fill from the MMH page – Medical History tab.

Comment [AJ115]: Will look for 'FSFN Provider' first, and if it doesn't exist, will look for 'Other Provider.'

| | |
|--|------------------|
| Provider Type: | Type of Service: |
| Procedure: | |
| Diagnosis: | |
| Description of diagnosis, assessment and/or treatment for the child: | |

VIII. Current Education Information:

| | |
|--|--------------------------|
| ▶ Child 1 | Child's DOB: |
| Current School Name: | Current Grade Level: |
| Date of child's current Individualized Education Plan (if applicable): | Current Program Type: |
| Current School Address: | |
| <input type="checkbox"/> Special Education: | Special Education Level: |
| ▶ Child 2 | Child's DOB: |
| Current School Name: | Current Grade Level: |
| Date of child's current Individualized Education Plan (if applicable): | Current Program Type: |
| Current School Address: | |
| <input type="checkbox"/> Special Education: | Special Education Level: |

Comment [AJ116]: The Education Information section has been updated to be consistent with the current template design, which includes more comprehensive details. Additional fields have been added based on the design document provided to CGI by DCF.

Comment [AJ117]: All Education Information pre-fills from the Education page.

Chronology of School Placements:

| | | |
|---------------|---------|--------------------|
| ▶ #1 | Child 1 | Child's DOB: |
| Start Date: | | School District: |
| School Name: | | Reason for Change: |
| Program Type: | | School Address: |
| ▶ #2 | Child 1 | Child's DOB: |
| Start Date: | | School District: |
| School Name: | | Reason for Change: |
| Program Type: | | School Address: |
| ▶ #3 | Child 2 | Child's DOB: |
| Start Date: | | School District: |
| School Name: | | Reason for Change: |
| Program Type: | | School Address: |
| ▶ #4 | Child 3 | Child's DOB: |
| Start Date: | | School District: |
| School Name: | | Reason for Change: |
| Program Type: | | School Address: |

Comment [AJ118]: Pre-fills in the order as displayed on the Education screen, and are grouped by participant.

Comment [AJ119]: Each school placement is numbered and the numbering will not start over for each participant, but will be continuous as displayed.

Comment [AJ120]: All Education Information pre-fills from the Education page.

IX. Other information:

| | |
|--|---------|
| ▶ #1 | Child 1 |
| Does this child meet criteria for Rilya Wilson Act? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If child is 3 years of age, up to age of school entry, is child in daycare? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If yes, is child attending five days per week? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If no, is there a court order exempting daily attendance? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| ▶ #2 | Child 2 |

Comment [AJ121]: Application currently disables Rilya Wilson questions if 'no' to child is in out of home placement. Group wants this changed so that regardless of out of home placements, user is able to document Rilya Wilson questions.

Comment [AJ122]: If question 2 is 'yes,' question 3 is required. If question 2 is 'no,' question 4 is required within the application.

Comment [d123]: The 2nd, 3rd and 4th fields will need to be added to the Out of Home Care tab of the Case Plan Goal page. In addition, the Rilya Wilson question, and the associated Narrative field, on the Out of Home Care tab, should not become disabled when 'No' is selected for the Out of Home Placement question.

| | | |
|---|------------------------------|-----------------------------|
| Does this child meet criteria for Rilya Wilson Act? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If child is 3 years of age, up to age of school entry, is child in daycare? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If yes, is child attending five days per week? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If no, is there a court order exempting daily attendance? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| ▶#3 Child 3 | | |
| Does this child meet criteria for Rilya Wilson Act? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If child is 3 years of age, up to age of school entry, is child in daycare? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If yes, is child attending five days per week? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If no, is there a court order exempting daily attendance? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

X. Independent Living Services:

Comment [d124]: Stephen Pennypacker researched this information and indicated that the template could be updated to match what is currently in the application. Therefore, this information has been updated to match the system.

| | | |
|---|-----------------|--|
| ▶#1 Child 1 | | |
| <input type="checkbox"/> The child is not yet 13 years of age or the child is not in licensed foster care. | | |
| <input type="checkbox"/> Child is 13+ years of age and has been referred for Independent Living. | Date Referred: | |
| <input type="checkbox"/> IL Skills Assessment Completed. | Date Completed: | |
| <input type="checkbox"/> Child is 13+ years of age and is currently receiving Independent Living Services/Training. | | |
| Education and Career Path: | | |
| <input type="checkbox"/> Attending a 4 year college, or university or community college plus university or a military academy. | | |
| <input type="checkbox"/> Receiving a two year post secondary degree. | | |
| <input type="checkbox"/> Attaining a post secondary career or technical certificate. | | |
| <input type="checkbox"/> Beginning immediate employment, including apprenticeship after completion of a high school diploma or its equivalent or enlisting in the military. | | |
| Requirements to achieve goal: | | |
| Barriers to achieve goal and specific plan to address barriers: | | |
| ▶#2 Child 2 | | |
| <input type="checkbox"/> The child is not yet 13 years of age or the child is not in licensed foster care. | | |
| <input type="checkbox"/> Child is 13+ years of age and has been referred for Independent Living. | Date Referred: | |
| <input type="checkbox"/> IL Skills Assessment Completed. | Date Completed: | |
| <input type="checkbox"/> Child is 13+ years of age and is currently receiving Independent Living Services/Training. | | |
| Education and Career Path: | | |
| <input type="checkbox"/> Attending a 4 year college, or university or community college plus university or a military academy. | | |
| <input type="checkbox"/> Receiving a two year post secondary degree. | | |
| <input type="checkbox"/> Attaining a post secondary career or technical certificate. | | |
| <input type="checkbox"/> Beginning immediate employment, including apprenticeship after completion of a high school diploma or its equivalent or enlisting in the military. | | |
| Requirements to achieve goal: | | |
| Barriers to achieve goal and specific plan to address barriers: | | |
| ▶#3 Child 3 | | |
| <input type="checkbox"/> The child is not yet 13 years of age or the child is not in licensed foster care. | | |
| <input type="checkbox"/> Child is 13+ years of age and has been referred for Independent Living. | Date Referred: | |
| <input type="checkbox"/> IL Skills Assessment Completed. | Date Completed: | |
| <input type="checkbox"/> Child is 13+ years of age and is currently receiving Independent Living Services/Training. | | |
| Education and Career Path | | |
| <input type="checkbox"/> Attending a 4 year college, or university or community college plus university or a military | | |

academy.

| |
|---|
| <input type="checkbox"/> Receiving a two year post secondary degree. |
| <input type="checkbox"/> Attaining a post secondary career or technical certificate. |
| <input type="checkbox"/> Beginning immediate employment, including apprenticeship after completion of a high school diploma or its equivalent or enlisting in the military. |
| Requirements to achieve goal: |
| Barriers to achieve goal and specific plan to address barriers: |

XI. Attachments to Case Plan:

| | | |
|---|---|---------------------|
| Medical/ Mental Health | | |
| Medical records | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Mental Health records | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Immunization records | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Dental Records | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Education | | |
| Report cards | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Individual Education Plan | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Other school records | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Visitation Plan(s) | | |
| <input type="checkbox"/> Include parents, siblings & grandparents (if applicable) | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Master Trust (if applicable) | | |
| Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Quarterly Accounting Statement | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Other | | |
| Out of Home Plan (if applicable) | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Rights and Responsibilities | <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached | Reason why missing: |
| Optional Attachments (select and attach to Case Plan): | | |
| Safety Plan | <input type="checkbox"/> Attached | |
| Responsibilities of the Department and Contract Providers | <input type="checkbox"/> Attached | |
| Other: | <input type="checkbox"/> Attached | |

Comment [AJ125]: ***DCF chose to remove the checkbox for Visitation Plan(s) from the template***

Comment [AJ126]: If the checkbox is selected in FSFN, then the system will automatically select 'Attached.' If the checkbox is not selected, the system will automatically select 'Not Attached' and then the user will be able to document, on the template, the reason why it is missing. If the reason it is missing is because it is 'Not Applicable,' the user can type in 'Not applicable.'

Comment [AJ127]: These are user selected and user entered.

Signatures:

Comment [AJ128]: There should be a page break directly before the Signature page.

BY SIGNING THE CASE PLAN, YOU AGREE TO DO THE THINGS LISTED IN THE CASE PLAN TO MAKE YOUR HOME SAFE FOR YOUR CHILD OR CHILDREN. YOU MAY BEGIN WORKING ON THE TASKS EVEN IF YOU DO NOT SIGN THIS CASE PLAN.

SIGNING THE CASE PLAN DOES NOT CONSTITUTE AN ADMISSION TO ANY ALLEGATION OF ABUSE, ABANDONMENT OR NEGLECT AND DOES NOT CONSTITUTE CONSENT TO A FINDING OF DEPENDENCY OR TERMINATION OF PARENTAL RIGHTS.

THIS CASE PLAN WILL BE SUBMITTED TO THE COURT. THE COURT MAY ACCEPT THE CASE PLAN, MODIFY THE CASE PLAN, OR NOT ACCEPT THE CASE PLAN. AFTER ACCEPTANCE, NO CHANGES MAY BE MADE WITHOUT COURT APPROVAL. THE COURT WILL REVIEW CASE PLAN COMPLIANCE AT LEAST EVERY SIX MONTHS.

| | |
|-------------------------------------|----------------|
| _____ Dependency Case Manager | _____ Date: |
| _____ Dependency Case Supervisor | _____ Date: |
| _____ CLS Attorney | _____ Date: |
| _____ Parent: | _____ Date: |
| _____ Parent's Attorney: | _____ Date: |
| _____ Parent: | _____ Date: |
| _____ Parent's Attorney: | _____ Date: |
| _____ Guardian ad litem : | _____ Date: |
| _____ Other: | _____ Date: |
| _____ Child: | _____ Date: |

Certificate of Service:

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U. S. mail/hand delivery/electronic delivery/facsimile to: this ____ day of 2009.

Comment [AJ129]: There should be a page break directly before the Certificate of Service.

Comment [AJ130]: These are user entered fields.

Comment [d131]: System should populate the appropriate year.

CLS Attorney **Date:**

Template Design Documentations Review/Approval Template

Reviewers: After your review of the template design documentation, please complete the following section. If you concur with the design documentation as written, please select the first checkbox. If you have corrections, additions, or clarifications, please select the second checkbox and follow the instructions to complete the corresponding matrix.

I verify the contents of the template design documentation as currently written.

I verify the contents of the template design documentation subject to the following correction(s), addition(s), or clarifications. To facilitate the Template Design Documentation Review/Approval process, please record your comments using the matrix below (as applicable).

| <i>Reviewer Name/ Title</i> | <i>Section / Page Number</i> | <i>Comment Narrative</i> | <i>Category</i> | <i>Resolution</i> |
|-----------------------------|------------------------------|--------------------------|-----------------|-------------------|
| | | | | |

Guidelines for completing the matrix:

- **Reviewer Name** – Please include your name and title in this column.
- **Section / Page Number** – Please indicate the section number and page number that you are referencing in your comment.
- **Comment Narrative** – Please detail the issue or concern.
- **Category** – Please identify the category of your comment. Categories include:
 - **Question/Comment** – You would like to receive additional information about an item in the meeting minutes, or you would like add additional information to the meeting minutes.
 - **Error** – You would like to correct something that was stated incorrectly in the meeting minutes.
 - **Omission** – You would like add information that was agreed to during the session but is not reflected in the meeting minutes.
- **Resolution** – CGI will complete this column to identify how/where your comment will be addressed.