# IN THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT IN AND FOR COUNTY, FLORIDA JUVENILE DIVISION

IN THE INTEREST OF: CASE NO.: CASE NO.: MINOR CHILD(REN)

#### **CASE PLAN**

#### **Table of Contents**

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Comment [amj1]: UPDATE: The naming convention must be "Case Plan" and should only appear on the Table of Contents page and first page following, none of the others. In addition, these is no loss on the Court Involved Case Plan.

**Comment [amj2]:** Pre-fills from the Legal Documentation page based on the selected County, which is mapped to the applicable Circuit.

**Comment [amj3]: UPDATE: Page numbering** must start on the 2<sup>nd</sup> page.

Comment [amj4]: Pre-fills with all children included in the selected Case Planning Worksheet within the Children group box. The labels "Child" and "D.O.B" will not be displayed. Each child's name will be displayed with their Date of Birth to the right and then the next child will be displayed directly beneath the first, and so on.

**Comment [amj5]:** Pre-fills from the Legal Documentation page based on the selected Court Case Number.

**Comment [amj6]:** UPDATE: If multiple Case Plan Worksheet pages are selected this will pull in ALL children, unduplicated count, from all the Case Plan Worksheet pages.

Comment [amj7]: UPDATE: Ensure the printed document does not have the children's names with dates of birth in a table. Doesn't matter if the tabled lines are hidden but they cannot appear on the printed document.

Comment [amj8]: Static text

Comment [amj9]: UPDATE: The Table of Contents sections are always going to be these, however, the page numbers should dynamically update each time the template is launched until the Legal Documentation page is approved and frozen.

# IN THE CIRCUIT COURT OF THE JUDICIAL CIRCUIT IN AND FOR COUNTY, FLORIDA JUVENILE DIVISION

**CASE PLAN** 

CASE NO.:

IN THE INTEREST OF:

MINOR CHILD(REN)

(CHILD) D.O.B.

<u>CASE PLAN PERM</u>	IANENCY G	OAL(S)		
Case Plan Worksheet ID	Child	Primary Goal	Concurrent Goal	Primary Goal Expirati
FAMILY GOAL:				
Case Plan Worksheet II	D: Goal:			\ \
	***************************************			\\\
PARTIES TO CASE PI	LAN			///
				// /
Mother				
Address				
Phone Number				\\
Alternate Phone Number				1
Address				
Email Address				
				1
Father				
Father of				
Address				//
Phone Number				
<b>Alternate Phone Number</b>				
Address				
Email Address				
			•	

**Comment [amj10]:** Pre-fills from the Legal Documentation page based on the selected County, which is mapped to the applicable Circuit.

**Comment [amj11]: UPDATE:** This "style" repeats for this 2<sup>nd</sup> page which is technically th first page and then no more.

Comment [amj12]: Pre-fills with all children included in the selected Case Planning Worksheet within the Children group box. The labels "Child" and "D.O.B" will not be displayed. Each child's name will be displayed with their Date of Birth to the right and then the next child will be displayed directly beneath the first, and so on.

**Comment [amj13]:** Pre-fills from the Legal Documentation page based on the selected Court Case Number.

Comment [amj14]: UPDATE: If multiple Case Plan Worksheet pages are selected this will pull in ALL children, unduplicated count, from all the Case Plan Worksheet pages.

Comment [amj15]: UPDATE: Ensure the printed document does not have the children's names with dates of birth in a table. Doesn't matter if the tabled lines are hidden but they cannot annear on the printed document.

Comment [amj16]: Static text

**Comment [amj17]:** Displays for each child included on the Case Plan Worksheet page within the Children group box.

Comment [amj18]: UPDATE: If multiple Case Plan Worksheets are selected, pull in the Goal documented on the Case Plan Worksheet with the greatest Expiration Date regardless if "Pending" or "Completed". Include the Case Plan Worksheet ID from which the Goal is pre-filling for each child displayed.

Comment [AMJ19]: UPDATE: Case Plan
Worksheet ID must be smaller font than the rest of
the document so it is unobtrusive.

Comment [amj20]: Pulls from the following field on the Case Planning Worksheet page: Family Goal: Describe how the family will function when all children are safe and the family is able to the family in the family in the family is able to the family in the family is able to the family in the family in the family in the family is able to the family in the family in the family is able to the family in t

Comment [amj21]: UPDATE: If multiple Case Plan Worksheets are selected, display the ....

Comment [amj22]: UPDATE: Case Plan
Worksheet ID must be smaller font than the rest
of the document so it is unobtrusive

Comment [amj23]: The Mother pulls based on the Relationships tab of the Maintain Case page for the Case Plan Worksheet page participants that ar ....

**Comment [amj24]:** UPDATE: If multiple Case Plan Worksheet pages are elected this is a NON DUPLICATED COUNT.

**Comment [amj25]:** Pre-fills with the name of the participant and who they are the father of based on the Relationships tab of the Maintain Case pag.

**Comment [amj26]:** UPDATE: If multiple Case Plan Worksheet pages are elected this is a NON DUPLICATED COUNT.

Dependency Case Manager	 _	(
Phone Number		r
Address		a
Email Address		5
		F
		t
Case Manager Supervisor		N
Phone Number		f
Address		N
Email Address		(
		(
Guardian ad Litem		
Phone Number		F
Address		ť
Email Address		I
		C
Attorney	_	(
Phone Number		F
Address		a
Email Address		C
		F

# DANGER STATEMENT:

**Comment [amj27]:** Pre-fills based on the most recently assigned worker with Case Management assignment type.

Comment [RKR28]: UPDATED based on CR-512.05b

Pre-fills the selected Dependency Case Manager on the Legal Documentation page. The related phone number and address fields for the Primary Case Manager will populate from the Maintain Unit page for the Unit associated with the selected Worker Name and WILL NOT populate from their Person Management record.

**Comment [amj29]:** Displays the name of the Case Manager's Supervisor based on the Case Manager which pre-filled above.

Comment [amj30]: Pre-fills from the Professions/Family Support Network Contacts tab of the Maintain Case page with a Role of Guardian ad Litem and will pull in the associated details if documented on Person Management.

Comment [amj31]: Pre-fills from the Professional/Family Support Network Contacts tab of the Maintain Case page with a Role of Attorney and will retrieve the associated details if documented on Person Management. If there is more than one (1) Attorney documented on the Maintain Case page, it will display a table for each Attorney.

**Comment [amj32]:** Pre-fills from the Danger Statement field on the Case Plan Worksheet.

Comment [amj33]: UPDATE: If multiple Case Plan Worksheets are selected, display the Danger Statement from each one and indicate the associated Case Plan Worksheet ID for each.

OUTCOMES		
OUTCOME #1:	Case Plan Worksheet ID:	
Outcome applies to the following participants:		
Outcome will be achieved when:		
Estimated Cost to Parent(s) (if applicable):		

Who	Actions/Tasks		Estimated	Responsible	Location of	Date of	Service Referral	Frequency
			Completion Date	Party for Cost	Delivery of Services	Referral	Request Needed?	of Service
<b>Provider Name</b>		FSFN Provider	Provider Addr	ovider Address Provider Phone Number			Provider Email	
Service Category				Service Type			Task Complete	

Who	Vho Actions/Tasks		Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
<b>Provider Name</b>		FSFN Provider	Provider Address		<b>Provider Phone</b>	Number	Provider Email	
Service Category		Service Type				Task Complete		

#### **OUTCOME #2:**

**Outcome applies to the following participants:** 

Outcome will be achieved when:

Comment [amj34]: UPDATE: If multiple Case Plan Worksheets are selected, pull in ALL Outcomes documented on each Case Plan Worksheet page and indicate the Case Plan Worksheet ID from which it pulled. Group the Outcomes together by Case Plan Worksheet ID. However, DO NOT restart the numbering when transitioning from the Outcomes of one Case Plan Worksheet ID to the next.

Comment [amj35]: UPDATE: Remove "Summary of" and it should just be "Outcomes"

Comment [amj36]: Pre-fills the Outcome selected or entered on the Case Plan Worksheet — Outcomes tab. If the Outcome is user defined, the pre-filled text will display as "Additional outcome, as defined. — [displays the user entered text]. The Outcomes will pre-fill in the order they are captured on the Outcomes tab of the Case Plan Worksheet. Within the template, the Outcomes are numbered in sequential order.

**Comment [amj37]:** Pre-fills with the Participants inserted on the Case Plan Worksheet – Outcomes tab, each separated with a semi-colon.

**Comment [amj38]:** Pre-fills with the Outcome Achieved information documented on the Case Plan Worksheet – Outcomes tab.

**Comment [amj39]:** Pre-fills with the Est. Cost to Parent(s) (if applicable) on the Case Plan Worksheet – Outcomes tab.

Comment [amj40]: All values within this table pre-fill from the Case Plan Worksheet page — Outcomes tab for each inserted Task within an Outcome. Note that a single Outcome can have multiple associated tasks, and therefore this table will repeat for each Task inserted within an Outcome. In addition, if information is not capture

**Comment [amj41]:** The Provider is selected (if available) on the Case Plan Worksheet – Outcomes tab for each applicable Task. If the Provider is searched for and selected from the FSFN Provider

**Comment [amj42]:** Pre-fills with Yes or No based on whether the check box is selected or not on the Case Plan Worksheet.

# **Estimated Cost to Parent(s) (if applicable):**

Who	Actions/Tasks		Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	e	FSFN Provider	Provider Address		<b>Provider Phone</b>	Number	Provider Email	
Service Category		Service Type				Task Complete		

Who	Actions/Tasks		Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service
Provider Name	Provider Name FSFN Provider		Provider Address		Provider Phone Number		Provider Email	
110viuei ivamo		FSFIN FTOVICE	Trovider Addr	CSS	110videi 1 none	Number	110videi Eman	
Service Category		Service Type				Task Complete		

# VISITATION/ FAMILY TIME

Child Name: < Child Name 1>

Date of Birth: MM/DD/YYYY Age: ##

Case Plan Worksheet ID	Visitation With	Visitation/ Family Time	Who is responsible for Transportation?	Visitation/ Family Time Schedule	Visitation Restrictions
			-		

Comment [amj43]: The Visitation/ Family Time section will pre-fill from the Case Plan Worksheet – Visitation/ Family Time/ Placement tab – Visitation/ Family Time group box. Each child will pre-fill with their associated Date of Birth and Age, but is an unduplicated count. Therefore, if the same child has visitation will multiple persons, the Child's Name, Date of Birth and Age will pre-fill and display once and the table will pre-fill with each visitation record associated with that particular child.

Comment [amj44]: UPDATE: Displays the Case Plan Worksheet ID from which the information pre-filled from. This will address if multiple Case Plan Worksheets are selected to pull from. If there are visitations documented on separate Case Plan Worksheets with the same child to adult match, it will show duplicated in this table.

Child Name: <Child Name 2>

Date of Birth: MM/DD/YYYY Age: ##

Case Plan Worksheet ID	Visitation With	Visitation/ Family Time	Who is responsible for Transportation?	Visitation/ Family Time Schedule	Visitation Restrictions

## CHILD SUPPORT

#### DEPARTMENT OF REVENUE (DOR) CHILD SUPPORT

Payor	DOR Case Number	Child	Date of Birth	Child Support Obligation	Last Payment Date	Last Payment Amount

## CHILD SUPPORT

Case Plan Worksheet ID	Payor	Payee	Child	Date of Birth	Frequency	Amount	Start Date

## **CHILD INFORMATION**

# CHILD 1:

**Comment [amj45]:** UPDATE: There should be an overall header for Child Support section which is then broken out by DOR and Child Support. See TOC.

**Comment [A46]:** Pre-fills from the Case Plan Worksheet – Visitation/ Family Time/ Placement tab – Department of Revenue (DOR) Child Support group box.

**Comment [amj47]:** Pre-fills from the Case Plan Worksheet – Visitation/ Family Time/ Placement tab – Child Support group box.

Comment [amj48]: UPDATE: Displays the Case Plan Worksheet ID from which the information pre-filled from. This will address if multiple Case Plan Worksheets are selected to pull from. If there are Child Support rows documented on separate Case Plan Worksheets with the same child to adult match, it will show duplicated in this table.

Comment [amj49]: The Placement, Health, Education, Independent Living, and Master Trust information will all display for Child 1 and then all display for Child 2, etc. so that it does not display with all children under each individual category. This will enhance the usability for all template users.

## **PLACEMENT**

American Indian/ Alaskan Native	
Is child in an out-of-home placement?	Yes No
Type of placement/living arrangement:	
What are the strengths of this placement?	
What, if any, are the problems with the placement?	
Is the placement the least restrictive, most family-like setting	☐ Yes ☐ No
consistent with the child's best interest and special needs?	
If no, explain.	
Is the placement in close proximity to the child's home?	Yes No
If no, what efforts were made to place the child closer to his	
or her home?	
Placement takes into account proximity to the school in which	Yes No
the child is enrolled at time of placement.	
If no, explain.	
Did the child change schools as a result of the placement	☐ Yes ☐ No
change?	
If yes, what efforts were made to keep the child in the same	
school?	
Does the placement support the level of contact to the parents	☐ Yes ☐ No
that is deemed appropriate?	
If no, describe efforts to place the child in a placement that	
will support the contact with the parents.	

## **HEALTH INFORMATION**

Date of Last Comprehensive Behavioral Health Assessment:

Name of Physician	Type	Address	Phone Number

**Comment [amj50]:** System derived from the Child's Person Management record.

Comment [amj51]: Pre-fills with Yes or No based on if the child is in an Out of Home Placement. The Type of Placement/Living Arrangement will pre-fill with the Service Category and Service Type if in an Out of Home Placement OR will pre-fill with the type of Living Arrangement if in a Living Arrangement and not an Out of Home Placement.

Comment [amj52]: All the fields following the "Type of placement/living arrangement" will pre-fill from the Case Plan Worksheet page – Visitation/ Family Time/ Placement tab – Current Placement group box.

Comment [amj53]: Pre-fills from the Last CBHA Evaluation field on the Medical/Mental Health page - Mental Health Profile tab.

Comment [amj54]: The table will populate based on the information documented on the Medical Mental Health Record for the child for each Health Care Provider that is documented,. The Type column will indicate if it was the Primary, Other, Mental Health, or Dental. This will ensure that only those which are documented will pre-fill (i.e., empty rows will not take up additional space).

#### MEDICATION INFORMATION Prescribed Medication Parental/Guardian Consent or Court Order Is Medication Date Date **Psychotropic?** Prescribed Stopped Required? ☐ Yes ☐ No Parental/Guardian Consent Date Obtained: Court Order Obtained Date Obtained: MEDICAL/ MENTAL HEALTH SUMMARY Summary of child's current medical, dental and/or mental health issues, treatments and diagnoses: EDUCATION INFORMATION Current School Name: Current School Address: Current School Phone Number: Current Grade Level: Is the child an ESE student? ☐ Yes □ No ESE Programs: Does the child have an Individualized Education Plan? Yes □ No If ves, the date of the most recent IEP: Does the child have an education surrogate parent appointed Yes No by the district superintendent or dependency court? If the child does not have an education surrogate parent appointed by the district superintendent or dependency court and the child is an ESE student and in an Out of Home Placement, explain why. Is the child performing on current education level? Yes No

If no, explain.

"If the child is not enrolled in an educational program, which includes a licensed early education or child care program,

Comment [amj55]: Medication Information will pre-fill with all Medications captured on the Medical/Mental Health record - Medications tab and display with all current Medications (no date stopped) first, newest to oldest, based on Date Prescribed. Next, all Medications which have a date stopped will display newest to oldest based on Date Prescribed. Is Medication Psychotropic will capture Yes or No based on the Psychotropic flag being selected for the Medication. Parental/Guardian Consent or Court Order Required will pre-fill and display either Parental/Guardian Consent OR Court Order Required based on the selected checkbox for the Medication: Date Obtained will pre-fill from the associated "Date Consent Obtained" or "Date Court Order Obtained" based on the selected check box. This will result in less space being taken up by repeating field labels. In addition, if the child does not have a Medical/Mental Health Record created OR does not have any Medications inserted on Medical/Mental Health, the Medication Information section should not contain any data or blank tables.

**Comment [JJ56]:** If "Other" was selected for the Medication Name, the associated "Other" text field details populate the template and does not include "Other" within the name. The txt field for "Other" will be displayed.

**Comment [amj57]:** Pre-fills from the Case Plan Worksheet – Additional Child Information tab – Medical/Mental Health group box.

**Comment [amj58]:** All information in this table pre-fills from the Education page.

Comment [amj59]: This field will only pre-fill the template if it was enabled and required for the child on the Case Plan Worksheet page – Additional Child Information tab – Education group box.

**Comment [amj60]:** Pre-fills from the Case Plan Worksheet page – Additional Child Information tab – Education group box.

Γ	provide an explanation below:".	

**Comment [RKR61]:** Pre-fills from the Case Plan Worksheet, Additional Child Information tab, Education group box per CR-527.04

## INDEPENDENT LIVING SERVICES

Initial Date of Referral for Independent Living Program:				
Age Assessment Completed	Pre-IL/IL Assessment Completed	IL Staffing Completed	Specific Need(s)	
13				
Results of the Pre-IL/IL Assessment, any specific needs, if applicable, and the worker's assessment of the adequacy of the youth's preparation for adulthood and living independently.				
MASTER TRUST INFORMATION  Does the child have a master trust account? (If yes, attach Statement of Account)  Yes  No for no, does the child need a master trust account established? Yes No for a master trust account needs to be established, then the case manager will establish one on or before:				
CHILD 2:				

Comment [amj62]: This section only displays on the template for each child that is 13 years of age or older AND in Foster Care, which are included in the Case Plan Worksheet – Participants/ Family Change Strategy tab – Children group box. This section pre-fills from the Independent Living page. This section will ONLY populate if the child meets the identified criteria AND there is at least one Life Skills Assessment documented on the Independent Living page.

**Comment [amj63]:** This table pre-fills based on the rows inserted within the Life Skills group box on the Independent Living page and displays the rows in order of oldest to newest based on Age Assessment Completed. If more than one Assessment exists for the same Age Assessment Completed, a second sort will be applied to display the rows oldest to newest based on the Pre-IL/IL Assessment Completed Date. Age Assessment Completed pre-fills with the selected age on the Life Skills Assessment pop-up page; Pre-IL/IL Assessment Completed pre-fills with the associated date documented on the Life Skills Assessment popup page; Specific Needs pre-fills with all Skills selected on the Life Skills Assessment pop-up page that are identified as the "Type" "Need", each separated with a semi-colon (;); and the associate(

Comment [amj64]: This field pre-fills with the minimum "Date of Independent Living Referral" documented on the IL page within the Date of Independent Living Referral group box.

**Comment [amj65]:** Pre-fills from the Meetings page and will pre-fill the Meeting Completed Date that fell within the child having been that applicable age based on their Date of Birth. If there are multiple IL Staffings documented while the child was that specific age, use the minimum date. Please note that if there are IL Staffings documented, but there is \( \int \).

**Comment [amj66]:** The entire set of sections above will then repeat for the next child.

Comment [amj67]: The Placement, Health Information, Medication Information, Medical/ Mental Health Summary, Education Information, Independent Living Services, and Master Trust information will all display for Child 1 and then all display for Child 2, etc. so that it does not display

# ATTACHMENTS TO COURT REPORT

Medical/ Mental Health		
Medical records	Attached Not Attached Reason:	
Mental Health records	Attached Not Attached Reason:	
Immunization records	Attached Not Attached Reason:	
Dental Records	Attached Not Attached Reason:	
Education		
Report cards	Attached Not Attached Reason:	
Individual Education Plan (if applicable)	Attached Not Attached Reason:	
Other school records	Attached Not Attached Reason:	
Day Care Attendance Records (if applicable for Rilya Wilson Act)	Attached Not Attached Reason:	
Independent Living		
Pre-independent Living Assessment (applicable based on age at time of JR)	Attached Not Attached Reason:	
Independent Life Skills Assessment (applicable based on age at time of JR)	Attached Not Attached Reason:	
Master Trust (if applicable)		
Notice of Fee Assessment and Rights of Foster Child Regarding Government Benefits	Attached Not Attached Reason:	
Quarterly Accounting Statement	Attached Not Attached Reason:	
Other		
Rights and Responsibilities	Attached Not Attached Reason:	
Optional Attachments (select and attach to Case Plan)		
Safety Plan		

Comment [amj68]: UPDATE: Displays the Case Plan Worksheet ID from which the information pre-filled from. This will address if multiple Case Plan Worksheets are selected to pull from. This table will be duplicated from each Case Plan Worksheet page.

## Case Manager's Responsibilities

**Comment [amj69]:** These will display at all times.

- (1) The Case Manager will have contact with the parents at least one time per month if the parents' locations are known.
- (2) The Case Manager will have contact with the child(ren) at least one time per month and more frequently if necessary.
- (3) The Case Manager will attend all scheduled court hearings and report progress to the court.
- (4) The Case Manager 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.
- (5) The Case Manager 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.
- (6) The Case Manager will provide the caregiver with a copy of the Rilya Wilson Act (F.S. 39.604).
- (7) The Case Manager will provide the parents with referrals and ensure engagement with services listed in this case plan, including assisting the parents with any difficulties accessing services.
- (8) The Case Manager will refer the child to any necessary services and endeavor to see that services are engaged.
- (9) The Case Manager will ensure that the child receives a Comprehensive Behavioral Health Assessment within 30 days of the child's entry into foster care.
- (10) The Case Manager will create and implement a plan for ensuring the educational stability of the child while in foster care, including:
  - a. assurances that **each** placement of the child in foster care takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and
  - b. an assurance that the State/Tribal agency has coordinated with appropriate local educational agencies (as defined under section 9101 of the Elementary and Secondary Education Act of 1965) to ensure that the child remains in the school in which the child is enrolled at the time of **each** placement; or
  - c. if remaining in such school is not in the best interest of the child, assurances by the State/Tribal agency and the local educational agencies will provide immediate and appropriate enrollment in a new school with all the educational records of the child provided to the school.

Comment [amj70]: UPDATE

Comment [amj71]: UPDATE

Comment [amj72]: UPDATE FOR (C)

- (11) The Case Manager will ensure that the child living in a licensed out-of-home placement receives pre-independent living training and services to be provided as determined by a pre-independent living services assessment. The Case Manager will also ensure that the child's progress in developing the needed independent living skills is evaluated annually at ages 13 and 14. This pre-independent living services assessment shall include, but is not limited to, an assessment of life skills training, educational field trips, and conferences.
- (12) The Case Manager will ensure that the case plan for a child at age 14, living in a licensed out-of-home placement, includes an educational and career path based upon both the abilities and interests of each the child, and shall provide to the child detailed personalized information on services provided by the Road-to-Independence Program, including requirements for eligibility; or other grants, scholarships, and waivers that are available and should be sought by the child with assistance from the department, including but not limit to, the Bright Futures Scholarship Program, as provided in ss. 1009.53-1009.538, F.S.; on application deadlines; and on grade requirements for such programs.
- (13) The Case Manager will ensure that the child living in a licensed out-of-home placement receives age appropriate life skills training and services to be provided as determined by an independent life skills assessment. The Case Manager will also ensure that the child's progress in developing the needed age appropriate life skills is evaluated every six months at ages 15, 16, and 17. This independent life skills assessment shall include, but is not limited to, an assessment of banking and budgeting skills, interviewing skills, parenting skills, time management skills, organizational skills, educational support, employment training, and counseling. In addition, children receiving these services should also be provided with information related to social security insurance benefits and public assistance.
- (14) The Case Manager will ensure that the child receives Teen Sexual Health information and guidance.
- (15) The Case Manager shall forward a relative's request to receive notification of all proceedings and hearings submitted pursuant to s. 39.301(13)(b) to the attorney for the Department.
- (16) The Case Manager shall make available to all physical custodians of the child and family services counselors the information required by s. 39.6012(2) and shall ensure that this information follows the child until permanency has been achieved.

# If the child is 17 years old and in licensed care, the Case Manager will perform the following tasks at a minimum:

- (1) Provide the child with the following documents:
  - 1. A current Medicaid card;
  - 2. A certified copy of his or her birth certificate;

Comment [amj73]: UPDATES

Comment [amj74]: UPDATES

Comment [amj75]: UPDATES

Comment [amj76]: UPDATES

Comment [amj77]: UPDATES

**Comment [amj78]:** These responsibilities will automatically display if a child is 17 years old and in licensed care.

- 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, time management and organizational skills, educational support, employment skills, and parenting skills;
- 7. All relevant information related to the Road-to-Independence Program, including, but not limited to, initial and ongoing eligibility requirements, forms necessary to apply, and assistance in completing the forms.

#### (2) Ensure that the child:

- 1. Has been informed inform that he or she, if eligible for the Road-to-Independence Program, 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 18<sup>th</sup> 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 18<sup>th</sup> 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 his or her right to petition the court to continue jurisdiction for one year after the youth's 18<sup>th</sup> birthday and with information on how to obtain access to the court;
- 5. Has been provided all relevant information related to the Patient Protection and Affordable Care Act, P.L. 111-148 regarding the importance of having a health care power of attorney, health care proxy, or similar document; and
- 6. Has been provided all relevant information related to the Patient Protection and Affordable Care Act, P.L. 111-148 regarding the importance of having a health care power of attorney, health care proxy, or other similar document; and
- 7. Has been encouraged to attend all judicial review hearings.

#### Substitute Caregiver Responsibilities

(1) The caregiver must have a loving commitment to the child and the child's safety and well being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.

**Comment [amj79]:** These responsibilities will display if the "Include Substitute Caregiver Responsibilities" checkbox is selected on the Case Plan Worksheet page – header information group box.

- (2) The caregiver will learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.
- (3) The caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
- (4) The caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well being including child resource records, medical records, school records, photographs, and records of special events and achievements.
- (5) The caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.
- (6) The caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well being.
- (7) The caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.
- (8) When the plan for the child includes reunification, the caregiver will work with agency staff to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.
- (9) The caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication.

- (10) The caregiver will keep the case manager informed about others having frequent interactions with the child, particularly those who may be temporarily supervising or residing with the child. The caregiver will not allow the child to have contact with anyone prohibited by the court.
- (11) If the child is age 3 and enrolled in a licensed early education or child care program, the caregiver will ensure that the child is enrolled to participate in the program five days per week. If a child covered by this section is absent from the program on a day when he or she is supposed to be present, the person with whom the child resides must report the absence to the program by the end of the business day.
- (12) The caregiver will contact the Case Manager concerning any plans for out-of-state travel while the case is under court supervision.

#### RESPONSIBILITY OF NOTICE OF CHANGE OF RESIDENCE AND CONTACT INFORMATION

- (1) The Mother and/ or Father will provide the dependency Case Manager with her or his address and telephone contact number and will notify the Case Manager of any changes of her or his address or telephone number within 3 days of any change.
- (2) The Mother and/ or Father will immediately notify the Department/Case Manager of any change in people who are living in or regularly visiting her or his home and any change in marital status.

#### NOTICE TO PARENTS

A case plan is a legal document that contains the plan for a child to safely remain with the parents, return to a parent's custody, or have a permanent out-of-home placement. The 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 parents may request judicial review of any provision of the case plan with which the parents disagree at any court hearing. The court will review case plan compliance at least every six months.

The case plan must have a permanency goal. The initial case plan permanency goal when a child is removed from the parents is typically reunification with the parents. The court may also order that the case plan have a concurrent goal of permanent out-of-home placement including permanent guardianship and adoption. Under certain circumstances, rather than order a goal of reunification at the start of the

**Comment [amj80]:** The parents responsibility of notice of change of residence and contact information and Notice to Parents will always display.

case, the court may order that the case plan have a goal for the child to be permanent out-of-home placement including permanent guardianship and adoption.

If the goal of the case plan is reunification, the case plan may require that the parents complete tasks and services to address the reasons for the Department's involvement with the family. The Case Manager will refer the parents to services by providing the parents documents called 'referrals' to services. The referral will have the name and address of the person or agency that will be providing the service to the parents. The Case Manager will work with the parents to identify and resolve any problems the parents may have with completion of the tasks in the case plan. The case plan must have an expiration date for the parents to comply with the case plan tasks.

If the parents fail to achieve adequate progress with the outcome(s) of the case plan, the Department or another party may request that the court order the permanent out-of-home placement of the child including permanent guardianship and adoption.

Adequate progress with the outcome(s) of this case plan occurs when the safety or danger threats that caused the creation of this case plan have been significantly reduced to the extent that the safety of the child will not be compromised upon the child's return to a parent, or the child remaining with a parent.

Parents may receive assistance from any person, an attorney, or another social services agency in preparing the case plan. An attorney may assist parents in developing the case plan and understanding the case plan, and may provide any other advice the parents may need. Parents have a right to have an attorney represent them at any time in the dependency proceedings. If parents cannot afford to hire an attorney, they may ask the court to appoint an attorney for them.

Signing the case plan constitutes an acknowledgement that the case plan has been developed by the parties and that they are in agreement as to the terms and conditions contained in the 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. The refusal to sign the case plan does not prevent the court from accepting the case plan if the case plan is otherwise acceptable to the court.

FAILURE OF THE PARENT TO ACHIEVE ADEQUATE PROGRESS WITH THE OUTCOME(S) OF THE CASE PLAN MAY RESULT IN THE TERMINATION OF PARENTAL RIGHTS. IF THE PARENTS DO NOT START TO COMPLETE THEIR TASKS PROMPTLY, THE COURT MAY FIND THAT THE PARENTS HAVE FAILED TO ACHIEVE ADEQUATE PROGRESS WITH THE OUTCOME(S) OF THE CASE PLAN EVEN THOUGH THE ESTIMATED COMPLETION DATE FOR THE OUTCOME(S) HAS NOT YET PASSED. THIS IS CALLED A MATERIAL BREACH OF THE CASE PLAN

WHICH MAY RESULT IN THE FILING OF A PETITION FOR TERMINATION OF PARENTAL RIGHTS EVEN BEFORE THE ESTIMATED COMPLETION DATE(S) FOR THE OUTCOME(S) SET FORTH IN THE CASE PLAN. FOR THIS REASON, IT IS VERY IMPORTANT FOR PARENTS TO START WORKING ON THEIR TASKS AS EARLY AS POSSIBLE.

<u>DO NOT SIGN THE CASE PLAN UNTIL YOU HAVE READ AND UNDERSTAND THE ENTIRE CASE PLAN.</u>

# **SIGNATURES**

Mother:	Date:
Mother's Attorney:	Date:
Father:	Date:
Father's Attorney:	Date:
Case Manager:	Date:
Case Manager Supervisor:	Date:
Guardian ad Litem:	Date:
Guardian ad Litem Attorney:	Date:
Other:	Date:

**Comment [amj81]:** UPDATE: Shows as Mother: <Name>

Comment [amj82]: UPDATE: This is based on the same logic as the table at the beginning for pulling in Mother(s) and Father(s). Based on that, populate the Signatures section with the applicable names for Mother(s) and Father(s) fields. The Mother's Attorney field will be hand written. The Father's Attorney field will be hand written. Case Manager pre-fills the name based on most recently assigned Primary Case Worker and their Supervisor pre-fills. Guardian ad Litem pre-fills the name from the Professional/ Family Support Network Contacts tab of Maintain Case. Guardian ad Litem Attorney is hand written. Other fields are hand written. CLS Attorney pre-fills from the most recently assigned CLS Worker based on the Assignment Type. ALL date fields are hand written.

Comment [amj83]: UPDATE: Shows as Father: <Name>

Other:	Date:
Other:	Date:
Other:	Date:
CLS Attorney:	Date:

	CERTIFICATE OF SERVICE			
I HE	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, 20			
CLS Attorn	ney Date:			

Comment [AB84]: User Entered