



IN THE INTEREST OF:

(CHILD)	(DOB)	(AGE)
MINOR CHILD(REN)		

Comment [AMJ1]: UPDATE: The gridlines must not display on the printed out document from FSN.

NON-JUDICIAL OUT-OF-HOME CASE PLAN

I. RECOMMENDED CASE PLAN PERMANENCY GOAL(S)

Child Name:	
Primary Goal:	Concurrent Goal:
Primary Goal Expiration Date:	

FAMILY GOAL

II. PARTIES TO CASE PLAN

Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Father of	
Primary Address	
Phone Number	
Alternate Phone Number	
Mailing Address	
Email Address	

Phone Number	
Address	
Email Address	

III. DANGER STATEMENT:



IV. SUMMARY OF OUTCOMES

Outcome applies to the following participants:							
Outcome will be achieved when:							
Est. Cost to Parent(s) (if applicable):							
Who	Actions/Tasks	Est. Cmpltn Date	Responsible Party for Cost	Location of Delivery of Services	Date of Service Referral	Service Referral Request Needed	Freq of Service
Provider Name		FSFN Provider	Provider Address		Provider Phone Number	Provider Email	
Service Category		Service Type		Task Complete			

V. VISITATION/ FAMILY TIME EVALUATION

Child Name:				
Date of Birth:		Age:		
Visitation With	Visitation/ Family Time	Who is responsible for Transportation?	Visitation/ Family Time Schedule	Visitation Restrictions

VI. DEPARTMENT OF REVENUE (DOR)

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

VII. CHILD SUPPORT

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

VIII. CHILD INFORMATION

PLACEMENT	
American Indian/ Alaskan Native: <input type="checkbox"/>	
Is child in an out-of-home placement? <input type="checkbox"/> Yes <input type="checkbox"/> 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 consistent with the child's best interest and special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain:	
Is the placement in close proximity to the child's home?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 the child is enrolled at time of placement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, explain.	
Did the child change schools as a result of the placement change?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 that is deemed appropriate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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

MEDICATION INFORMATION

Prescribed Medication	Is Medication Psychotropic?	Date Prescribed	Date Stopped	Parental/Guardian Consent or Court Order Required?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Parental/Guardian Consent Date Obtained: <input type="checkbox"/> Court Ordered 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESE Programs:	
Does the child have an Individualized Education Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, the date of the most recent IEP:	
Does the child have an education surrogate parent appointed by the district superintendent or dependency court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No



If no, explain.	
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MASTER TRUST INFORMATION

Does the child have a master trust account? (If yes, attach Statement of Account)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, does the child need a master trust account established?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a master trust account needs to be established, then the case manager will establish one on or before:		

IX. ATTACHMENTS TO COURT REPORT

Medical/ Mental Health	
Medical records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Mental Health records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Immunization records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Dental Records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Education	
Report cards	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Individual Education Plan (if applicable)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Other school records	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Day Care Attendance Records (if applicable for Rilya Wilson Act)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Independent Living	
Pre-independent Living Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Independent Life Skills Assessment (applicable based on age at time of JR)	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
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:
Quarterly Accounting Statement	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
Other	
Rights and Responsibilities	<input type="checkbox"/> Attached <input type="checkbox"/> Not Attached Reason:
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





Case Manager's Responsibilities

- (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 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 to provide immediate and appropriate enrollment in a new school, with all the educational records of the child provided to the school.
- (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 are being received and progress of the child's developing the needed independent living skills are evaluated annually at ages 13 and 14. This pre-independent living services assessment shall include, but is not limit to, an assessment of life skills training, educational field trips, and conferences.
- (12) The Case Manager will ensure that the case plan of 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; on 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 are being received and progress of the child's developing the needed age appropriate life skills are evaluated every six (6) 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 plan must describe the responsibility of the case manager to forward a relative's request to receive notification of all proceedings and hearings submitted pursuant to s. 39.301(14)(b) to the attorney for the Department.
- (16) The case plan must describe a process for making available to all physical custodians and family services counselors the information required by s. 39.6012(2) and for ensuring that this information follows the child until permanency has been achieved.

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 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.

DO NOT SIGN THE CASE PLAN UNTIL YOU HAVE READ AND UNDERSTAND THE ENTIRE CASE PLAN.

X: SIGNATURE PAGE

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