



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

Ron DeSantis
Governor

Taylor N. Hatch
Secretary

DATE: February 11, 2026

TO: Community Directors
Community-Based Care (CBC) Lead Agency CEO's

FROM: Brooke Bass, Assistant Secretary for Child & Family Well-Being *B.B.*

SUBJECT: Updates to Chapters, 65C-28.009, 65C-41 and 65C-42 Florida Administrative Code: Transition to Adulthood, Extended Foster Care, Postsecondary Education Services and Support, Aftercare Services.

PURPOSE: The purpose of this memorandum is to advise that Chapters 65C-28.009, 65C-41 and 65C-42, Florida Administrative Code (F.A.C.) have been updated.

BACKGROUND: Florida Administrative Code 65C-28.009 establishes requirements to support children and young adults in out-of-home care as they transition to adulthood by ensuring coordinated, developmentally appropriate services that build independence. The rule outlines a comprehensive range of independent living services, including needs assessments, credit checks, life skill assessments, driving resources, allowances, and transition planning. It emphasizes equitable access for youth with physical, intellectual, emotional, or psychiatric conditions so they can fully participate in independent living skill development.

Florida Administrative Code 65C-41 establishes the framework for the Extended Foster Care (EFC) program, which provides a structured and supportive environment for young adults transitioning from foster care. The code outlines procedures for application, eligibility determination, case planning, and ongoing case management reviews to ensure accountability and consistency. It also requires the development of both a transition plan and a case plan to support young adults' long-term goals and path toward self-sufficiency, while emphasizing collaboration with service providers and equitable access for young adults with disabilities or mental health needs.

Florida Administrative Code 65C-42.002 governs the Postsecondary Education Services and Support (PESS) program, which offers financial assistance to eligible young adults pursuing postsecondary education. The code details eligibility criteria, application requirements, and available supports, including accommodations for young adults with diagnosed disabilities or mental health needs. Designated staff are responsible for assisting young adults throughout the application process to ensure equitable access and successful participation.

Additionally, Florida Administrative Code 65C-42.003 outlines the Aftercare Services program, including eligibility requirements, the application process, and the supports available to young adults. The code emphasizes individualized services and specifies required activities that promote

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

self-sufficiency or support a successful transition into Extended Foster Care or Postsecondary Education Services and Support.

NEW INFORMATION: Amendments were made to Chapter 65C-41 and 65C-42 F.A.C., to update the rule to conform with changes made during the 2024 legislative session and to align with practice. The rules can be viewed in their entirety at:

<https://flrules.org/gateway/ChapterHome.asp?Chapter=65C-41>
<https://flrules.org/gateway/ChapterHome.asp?Chapter=65C-42>

The revisions include, but are not limited to, the following:

65C-28.009 Transition to Adulthood

- adds the requirement for the completion of the Records and Resources Exchanged Form
- updates language to clarify population this rule addresses
- adds requirement for the Step into Success workforce education and internship pilot program
- updates the My Pathway to Success Plan
- updates other clarifying language

65C-41 Extended Foster Care

- adds language to clarify documentation for young adults with a disability as it relates to their qualifying activity
- updates Notice of Extended Foster Care Program Termination to include turning 21 as a discharge reason
- updates language to ensure eligible populations are captured including those in licensed care and Department custody
- adds language regarding documentation that the young adult would benefit from an additional year in EFC by extending to age 22 due to a disability

65C-42 Road to Independence

- updates definitions
- amends form Postsecondary Education Services and Support and Education and Training Voucher- Initial, Renewal and Reinstatement Application
- updates references
- changes age of eligibility from 16 to 14 for youth adopted or placed in guardianship
- adds new form Application for Aftercare Services (Relative/Nonrelative/Guardianship/Adoption)
- updates PESS requirements
- updates Aftercare Services
- repeal of the Aftercare Services Plan and requirement of My Pathway to Success Plan
- Incorporation of the Records and Resources Exchanged Form

ACTION REQUIRED: Please share this memorandum with all lead agencies, sub-contracted providers, and contract managers as appropriate.

CONTACT INFORMATION: If you have any questions or require additional information, please contact Andrea Ziglar, Statewide Youth and Young Adult Services Specialist, Office of Child and Family Well-Being at 850-661-4162 or andrea.ziglar@myflfamilies.com and Hqw.ocw.policy.development@myflfamilies.com.

Attachments:

Notice of Extended Foster Care Program Termination, CF-FSP 5376

Postsecondary Education Services and Support (PESS) and Education and Training Voucher (ETV)-Initial, Renewal and Reinstatement Application, CF-FSP 5382

Application for Aftercare Services (Relative/Nonrelative//Guardianship/Adoption), CF-FSP 5024

My Pathway to Success Plan, CF-FSP 5425

Records and Resources Exchanged Form, CF-FSP 5426

Cc: Regional Community Directors
Grainne O'Sullivan, Director of Children's Legal Services
Scott Boland, ICPC Administrator
Tania Kinsey, Director of Business Operations



NOTICE OF EXTENDED FOSTER CARE PROGRAM TERMINATION

Name (please print): _____ Date of Birth: _____

Address: _____ Email Address: _____

This is a notice of your termination from the Extended Foster Care (EFC) Program because you are no longer eligible for EFC program benefits. **You have 30 days from receiving this Notice to request a fair hearing to appeal this decision. However, all financial benefits will end unless you file a request for a fair hearing to appeal this decision within 10 business days of receiving this notice. Your appeal gives you an opportunity to explain to a Hearing Officer why you think you should not be terminated. The Hearing Officer then makes the final decision.**

Please review this notice carefully as it outlines the reason(s) for this decision, a brief description of other programs that may be available to you, the staff that determined your program ineligibility, and your rights to appeal by requesting a fair hearing if you disagree with this decision.

REASONS FOR TERMINATION

- You have not maintained participation in any one of the following activities, and you have not documented a condition that limits your participation in **any** of these listed activities:
 - Completing high school
 - Completing a GED program or its equivalent
 - Enrollment in an institution that provides postsecondary or vocational education
 - Employment at a minimum of 80 hours per month
- Participating in another activity designed to promote or remove barriers to employment.
- You are not residing in your approved living arrangement.
- You are 21 years old and are not eligible to extend to 22 years old.

PROGRAMS YOU MAY BE ELIGIBLE FOR

Extended Foster Care. You can re-apply for EFC at any time, if you are under age 21 but you must meet the eligibility requirements first. Aftercare Services may be the best program until you are participating in school, work or other programs and residing in an approved supervised living arrangement as set forth in section 39.6251, Florida Statutes. There is NO limit on the number of times you can leave or be discharged from the and re-enter the program. If you have a disability or temporary condition that prevents you from participating in a qualifying activity, you may still be eligible.

Aftercare Services. You may apply for Aftercare Services before you reach age 23. Aftercare Services are will temporarily support you during your transition back into EFC. Aftercare Services can also temporarily help you get set up for living independently.

Postsecondary Education Services and Support (“PESS”). You can apply for PESS at any time before you turn 23 years old. You must meet the eligibility requirements, which include having a high school diploma, GED, or its equivalent and maintaining enrollment in a Bright Futures-eligible college or other post-secondary institution for at least 9 credit hours. PESS also requires that you had lived in licensed foster care for at least 6 months prior to aging out. Staff working with you will have information to help you transition into one of the programs.

To be completed by the young adult if notice is hand-delivered:

- I have received notice of my intent to discharge from Extended Foster Care.
- I have received information on my rights to appeal this decision by requesting a fair hearing.
- I have received an Application for Aftercare Services for which I may be eligible.
- I understand that it is now my responsibility to contact my case manager to ask for help with initiating an appeal by requesting a fair hearing, and to ask for information and help in applying for all other services for which I may be eligible.

Young Adult's Signature: _____ Date: _____

Attachments: CF/PI 175-74, Due Process Rights
CF-FSP 5380, Request for Fair Hearing
CF-FSP 5391, Application for Aftercare Services

[A copy of this signed notice and the attachments cited above shall be provided to the young adult by the case manager and a copy of this signed notice placed in the young adult's case file.]



Postsecondary Education Services and Support (PESS) AND Education and Training Voucher (ETV) Initial, Renewal and Reinstatement Application

Here are a few things you need to know before completing this application for eligibility determination:

What is PESS? Postsecondary Education Services and Support (PESS) is a state program for eligible former foster youth to receive the skills, education, and support necessary to become self-sufficient and have lifelong connections to supportive adults. Depending on certain statutory conditions, eligible youth may receive a monthly financial payment of \$1,720; this may include applicable ETV funding. *[See Page 7 for additional criteria that must be determined prior to the disbursement of ETV funds.]* The financial award is to secure housing, utilities, and assist with cost of living while attending a Florida Bright Futures-eligible postsecondary educational institution.

Initial Eligibility is limited to applicants:

Who turned 18 in the legal custody of the Department or are currently living in licensed care and who have spent at least six months in licensed care before turning 18;

OR

Who were at least ~~14~~ 16 years of age when adopted from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such adoption or placement;

AND

Have earned a high school diploma, or its equivalent;

AND

Have been admitted as a full-time student or its equivalent in an eligible postsecondary educational institution or as a part-time student if he or she has a recognized disability or other challenge or circumstance that would prevent full-time attendance. The term "full-time" means at least 9 credit hours or the vocational school equivalent;

AND

Have reached 18 years of age but is not yet 23 years of age;

AND

Have submitted a Free Application for Federal Student Aid (FAFSA);

AND

Have applied for any grants and scholarships for which the applicant may qualify;

AND

Have signed an agreement to allow the department or community-based care lead agency access to school records.

Renewal and Reinstatement Eligibility is limited to applicants that meet all the above

AND

Maintain standards of academic progress as defined by the educational institution.

PESS and ETV

Initial, Renewal and Reinstatement Application

If the school you are attending is NOT a Florida Bright Futures-eligible School, you are NOT eligible for PESS; however, you may be eligible to receive ETV funding.

What is ETV? Education and Training Voucher (ETV) is a federal grant provided to states to help fund eligible former foster youth who are enrolled in postsecondary programs. There are specific eligibility requirements for funding and states have some discretion to limit or expand eligibility. Florida has determined that funding may be provided to youth who have reached 18 years of age but are not yet 23 years of age. The initial application for these funds must be received before the young adult's 21st birthday. ETV grant funds are limited; therefore, financial assistance will be administered on a first come, first served basis.

The financial amount provided to the approved **ETV Only** applicants *[those applicants not currently approved for PESS]* cannot exceed the attending postsecondary educational institution's cost of attendance (COA) nor can it exceed the federally established maximum amount of \$5,000 for each state fiscal year. *[The state fiscal year is defined as July 1 of a calendar year through June 30 of the next calendar year.]* The financial amount determined must be based on the completed financial needs assessment found on Page 7 of this application, as well as adhering to the COA and maximum ETV amount provisions. Once the financial amount is determined, it is up to the discretion of the Community-Based Care Lead Agency as to how these funds are disbursed to the eligible youth/young adult.

What happens after I complete this application?

A decision will be made within 10 business days of the date you submit this application.

If your application has been **approved**, a child welfare professional will contact you to discuss the program requirements and your ongoing responsibility to remain eligible for funding, such as:

- Submit enrollment and course schedule information, as needed;
- Maintain academic progress;
- Complete the number of required hours each semester or grading period;
- Notify the child welfare professional of any changes in your education program or course schedule;
- Notify the child welfare professional of any changes to your address or contact information;
- Submit grades and course completion information, as required; and,
- Submit a renewal application every year in order to continue your stipend. *[For ETV Only applicants, this renewal application is used to determine the amount of ETV financial assistance provided each state fiscal year].*

You will also receive information from the child welfare professional about the amount of your monthly payment, the date you will begin to receive the payment and any additional eligibility requirements.

If your application is **denied**, you will receive a notice via certified mail or in person from the child welfare professional stating why you are not eligible and information on how to appeal this decision should you choose to do so. You will also receive information about other services that may be available to you, including Extended Foster Care, Aftercare Services, and any community services that are locally available.

If **additional information is needed**, you will be advised of the supporting documentation you must provide. You will have 10 business days to provide the supporting documentation.

PESS and ETV Initial, Renewal and Reinstatement Application

Education and Training Voucher (ETV) APPLICATION PROCESS (for designated staff only):

1. Notify the department of young adults inquiring about ETV funding before any determination is made. If the young adult relocated from out of state, the department will determine if there are available ETV funds and must confirm that the young adult is eligible for the funds from their state of origin.
2. Complete the PESS and ETV Initial, Renewal and Reinstatement Application.
3. Determine that the educational institution is not Tuition and Fee Exemption eligible.
4. Notify the Department of the intent to approve the application and obtain approval to disperse the associated funds.
5. Connect with the Office of CBC/ME Financial Accountability to ensure correct OCA codes are used based on program eligibility (ETVAF, ETVAP, ETVOS)
6. Use the Cost of Attendance (COA p.7) from PESS and ETV Initial, Renewal and Reinstatement Applications to determine the payment structure.
7. Provide the young adult with the Notice of Termination of PESS and check the box under Notice regarding ETV (eligible or not eligible).

**ETV- AP: Adoption or PG Ages 16-22

**ETV- AF: Aged out of foster care ages 18-22

**ETV- OS: young adults from other states



PESS and ETV Initial, Renewal and Reinstatement Application

Contact Information: (Please Print)

Applicant Name: _____ Date of Birth: _____

Address: _____
Telephone Number: _____ Email Address: _____

Text Only # or Social Media (if applicable): _____

Alternate Contact:

Name: _____

Relationship to Applicant: _____

Telephone Number: _____ Email Address: _____

State and County where dependency court was held when you were in foster care (to be completed by designated staff):

State: _____ County: _____

Are you currently a Florida resident? Yes No

Have you earned a standard high school diploma or its equivalent? Yes No

If yes, what is the date you earned a high school diploma or its equivalent? _____

The name and contact information for the school, educational program, or other program that issued your diploma, GED or equivalent:

I am enrolled full-time (at least 9 credit hours) in a postsecondary educational institution that:

IS a Bright Futures-eligible school.

Reference: https://www.floridastudentfinancialaidsg.org/admin/SAWELIGPSI_ByProg.asp?ByProg=BF

IS NOT Bright Futures-eligible.

Name of the Postsecondary Educational Institution you are attending or planning to attend:

I have completed a Free Application for Federal Student Aid (FAFSA): Yes No

If yes, what is the date you submitted the FAFSA? _____

PESS and ETV

Initial, Renewal and Reinstatement Application

Child Welfare Professional: Document receipt of the application, ensure the section for your contact information is completed, and provide a copy of the application to the applicant.

This application was received: <input type="checkbox"/> In person <input type="checkbox"/> Via email <input type="checkbox"/> Postal or other mail delivery
Date application received: _____
Child Welfare Professional Signature: _____

To be completed by Child Welfare Professional for the Young Adult's file

This application is complete, and the applicant will receive a decision on this application no later than:
This application IS NOT complete and the applicant will receive information on the outstanding items no later than: The outstanding items are: _____ _____ _____

<p>PESS Eligibility Determination:</p> <p><input type="checkbox"/> Applicant meets all eligibility criteria for PESS.</p> <p><input type="checkbox"/> Applicant does NOT meet all eligibility criteria for PESS.</p> <p>NOTE: If the applicant is ineligible for PESS due to lack of enrollment at a Bright Futures-eligible school, he or she may still be eligible for ETV financial assistance. Use the information below to determine whether the applicant is eligible for ETV Only financial assistance.</p> <p>ETV Only Eligibility Determination:</p> <p><input type="checkbox"/> Applicant meets all eligibility criteria for PESS but is not Bright Futures-eligible.</p> <p><input type="checkbox"/> Applicant is enrolled in a Title IV, degree, certificate or other accredited program at a college, university, technical, or vocational school.</p> <p><input type="checkbox"/> Applicant has not reached his/her 21st birthday <i>{For initial applications only.}</i></p> <p><input type="checkbox"/> Applicant has or had received ETV for the first time before their 21st birthday <i>{For renewal or reinstatement applications only.}</i></p> <p>NOTE: To remain eligible for ETV, the applicant must show progress toward a degree or certificate as detailed in requirements for PESS renewal and reinstatement. Reapplication for ETV may occur up to the age of 23.</p>
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PESS and ETV Initial, Renewal and Reinstatement Application

Cost of Attendance Worksheet

To be completed by the Child Welfare Professional in consultation with the applicant:

This information is required by federal statute to access funding through ETV. Most postsecondary educational institutions have a Cost of Attendance (COA) worksheet already available or will provide the estimated calculations or cost of the school year on their website. Please include any COA supporting documentation used to complete this application.

COA Annual Expenses*	On Campus	Off Campus
Tuition and Fees Out of State	\$	\$
Tuition and Fees In State	\$	\$
Books and Supplies	\$	\$
Housing and Food.....	\$	\$
Transportation.....	\$	\$
Computer.....	\$	\$
Student Loan Fees.....	\$	\$
Dependent Child Care	\$	\$
Disability Service.....	\$	\$
Total COA Annual Expenses:	\$0.00	\$0.00
Approved Annual Amount of ETV Financial Assistance Note: Financial amount provided for the state fiscal year cannot exceed \$5,000 or the postsecondary educational institution's COA.	\$	\$

*ETV funds may be used for the following (listed in order of priority):

- Tuition
- Outstanding School balance
- On-campus room and board
- Meal cards
- Books and school supplies (such as uniforms, tools, equipment)
- One Computer package
- Federal Student Loans
- Study abroad through qualifying schools
- Rent
- Food
- Transportation
- Disability service
- Dependent child care expenses to licensed providers

**PESS and ETV
Initial, Renewal and Reinstatement Application**

To be completed by the Child Welfare Professional or Designated Approval Administrator:

This application is Approved.

This application is Denied. Reason for denial (include denial of ETV funds if applicable):

Signature: _____

Date: _____

**PESS and ETV
Initial, Renewal and Reinstatement Application
NOTICE OF INSUFFICIENT DOCUMENTATION**

Name of Applicant		Date of Birth	
Name of Case Manager or Child Welfare Professional (print)	Signature	Date	
Address	City	State	Zip code
Phone Number (including area code and extension, if applicable)	Email Address		

More documentation is required to process your application for PESS or ETV. Please provide the Child Welfare Professional the following information within 10 business days:

If you do not provide the required documentation, your application will be denied; however, you can reapply as soon as you gather the documentation.

[A copy of this signed form shall be provided to the young adult by the Child Welfare Professional.]

PESS and ETV Initial, Renewal and Reinstatement Application

To be completed by the Child Welfare Professional and placed in the young adult's case file.

Name of Young Adult		Date of Birth
Name of Child Welfare Professional (print)	Signature	Date

- The documentation requested in the Notice of Insufficient Documentation was provided within 10 business days of receipt of the Notice.

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

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

What community resources have you applied for and what was the outcome(s)?

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

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

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

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

Young Adult's Signature: _____ Date: _____

Young Adult's Name (print) Phone Number Email

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

Notice of What Happens Next

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

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

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

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

Case Manager/Designated Staff:

I acknowledge that I received this application on _____.

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

Name of Case Manager or Designated Staff (print)

Signature

Date

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

Email Address

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

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

Instructions: Please verify the eligibility information listed below in the Child Welfare Information System.

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

True False

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

True False

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

True False

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

True False

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

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

The young adult does not qualify for Aftercare Services.

Name of Case Manager or Designated Staff (print)

Signature

Date

Name of Supervisor (print)

Signature

Date

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

NOTICE OF INSUFFICIENT DOCUMENTATION

Name of Young Adult

Date of Birth

Name of Case Manager or Designated Staff (print)

Signature

Date

Address

City

State

Zip code

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

Email Address

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

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

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

NOTICE OF INSUFFICIENT DOCUMENTATION

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

Name of Young Adult

Date of Birth

Name of Case Manager or Designated Staff (print)

Signature

Date

- The documentation requested in the Notice of Insufficient Documentation was provided within 10 business days of receipt of the Notice.

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



My Pathway to Success Plan

Name: _____ Date: _____

Age: _____ DOB: _____

Email: _____ Telephone: _____

MY CURRENT PLAN IS:

- To become self-sufficient (this includes in-home cases)
- To enter/remain in Postsecondary Education Services and Support (PESS)
- To enter/remain in Extended Foster Care (EFC)
- To enter/remain in Aftercare
- To enter Extended Maintenance Adoption Subsidy Program (EMAS)
- To enter Extended Guardianship Assistance Program (EGAP)

Thinking about my future

<p>Vision Statement: (A statement that describes your life/career path) <i>(i.e., I, John Smith, would like to get a degree in business and own a food truck)</i></p>

Youth/Young Adult Assessment

<p>What are some of my strengths? (i.e., What am I good at)</p>	
<p>What are the areas I want to improve on?</p>	

My Pathway to Success Plan (continued)

What are my short-term goals? (3 to 6 months):	
What are my long-term goals? (6 months to 2 years):	

HOUSING

I am not in need of assistance with housing

My Current Address:

Apt #:

Street:

City/State/Zip Code:

I am requesting funds to maintain housing

I need special housing due to my mental health diagnosis/physical disability

I am homeless (including unstable housing) (This must be checked if the purpose of the Aftercare Services Application is to prevent homelessness)

I **must** move from my current placement/living arrangement by date:

I am requesting assistance to find housing

I need an Extended Foster Care supervised living arrangement

Is the youth/young adult potentially eligible for Foster Youth to Independence (FYI)/Family Unification Program (FUP) Housing Vouchers (If yes, include in follow-up tasks.) Yes No N/A

FYI/FUP Follow up Tasks

Comments:

My Pathway to Success Plan (continued)

HEALTHCARE

Name of my doctor: Last Date of Appointment	Phone Number:
Name of my OB-GYN (if applicable): Last Date of Appointment	Phone Number:
Name of my dentist: Last Date of Appointment	Phone Number:
Do I have Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state reasons:	Medicaid #
Do I have my Medicaid/ insurance card <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where is it?	
If you are 21 and older, have you connected with ACCESS Florida about Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If not, why?	
Do I have a current physical/mental health diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do I know what it is?	
I am currently receiving APD services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If yes, list Waiver Support Coordinator: Contact number (if applicable): Email Address (if applicable):	
Do I have a current therapist or specialist that I see <input type="checkbox"/> Yes <input type="checkbox"/> No Names of Specialist: Type of Specialist Names of Specialist: Type of Specialist Names of Specialist: Type of Specialist	

My Pathway to Success Plan (continued)

I am currently prescribed medications Yes No

Listed below are the medications I am taking:

<i>Name of Medication</i>	<i>Dosage</i>	<i>Frequency</i>

EDUCATION

I am currently enrolled in and attending an educational, vocational, or technical program and **do not** need additional help.

Name & Address of the program I attend:

I am currently enrolled in and attending an educational, vocational, or technical program and **need** additional support (*i.e., tutoring, transportation, scheduling, supplies, etc.*)

I am requesting financial assistance in attending an educational, vocational, or technical program

I need help enrolling in school

N/A, I do not want to attend school

What is my educational plan (Check all that apply)

I want to get a:

High School Diploma GED College Degree Technical Certificate

Additional information I would like to add to my education plan (*i.e., Supports and resources, Do I have an IEP/504 plan, any barriers, goals, etc.?*)

TRANSPORTATION

I have access to consistent transportation Yes No

What type of transportation? Own Vehicle Carpool Public Transportation RideShare

I know how to access public transportation (*i.e., bus, Uber, Lyft*) Yes No

If no, what supports do you need:

KEYS TO INDEPENDENCE (Driver's License/Florida ID)

[Home - K21 \(keystoindependencefl.com\)](http://keystoindependencefl.com)

- I am currently enrolled in the Keys to Independence Program
- I am not enrolled in the Keys to Independence Program, but I would like to enroll
- I am not eligible for Keys to Independence
- I have successfully completed the Keys to Independence program

What services have I received through Keys to Independence? (check all that apply)

- 4 hour drug and alcohol class
- Learner's Permit
- Driving Lessons (6 hours)
- Driver's License
- Car Insurance

EMPLOYMENT

- I am currently employed and not in need of assistance with employment

Name & Address of employer

I am working: Part Time Full Time+

On average I work _____ hours per week and receive _____ per hour.

- I need assistance with my employment (i.e., uniforms, transportation, supplies, etc.)
- I need help finding employment (ask for a referral to program to eliminate barriers to employment)
- I have a barrier to employment
- I do not wish to be employed at this time

What are my employment goals? (*Remain with current employer, seek better employment, career goals, overcoming barriers, etc.*)

My Pathway to Success Plan (continued)

MENTORS AND POSITIVE CONNECTIONS

Do you have any supportive adults in your life? (i.e., mentors, adult connections, guardians)?

Yes No

If yes, provide the names, contact information, and relationship to you:

LEGAL BARRIERS

I have current criminal involvement: Yes No

If yes, please explain current charges, legal status, and/or court order requirements:

I currently am unable to establish legal U.S. citizenship.

FINANCIAL PLAN

(To be completed for all ages)

I am currently receiving an allowance Yes No N/A (due to disability)

Allowance Discussion (under 18 year olds):

1. Current placement:
2. Caregiver responsible for providing allowance:
3. Frequency and amount of allowance:
4. Expiration of allowance:
5. Financial independent living skills:
 - a. Was allowance reviewed monthly with the youth? Yes No
 - b. Was there a discussion on spending and saving with the youth? Yes No
 - c. Who is responsible for maintaining the allowance? Youth Caregiver

Allowance Discussion (over 18 year olds, if applicable):

I have a bank account Yes No N/A (due to disability)

If not, please explain why?

Name of Bank:

Balance of accounts:

Checking Savings Cash on hand Venmo/Cashapp/PayPal

My Pathway to Success Plan (continued)

I have received information on financial literacy ([Finance Your Future \(myfloridacfo.com\)](http://myfloridacfo.com))

Yes No N/A (due to disability) If yes, date:

I have received my credit report and training on how to understand and read it:

Yes No N/A (due to disability) Date received:

Do I have a Master Trust Account (under 18) or am I currently receiving Social Security Income (SSI or SSI-D) Yes No Pending

If yes, list the effective date:

Amount:

Representative Payee (over 18):

My Pathway to Success Plan (continued)

Youth/Young Adult's Monthly Budget:

A.	Income:	
1	Verified Employment Income	\$
2	PESS Check	\$
3	Grants/Scholarships	\$
4	Food Benefits	\$
5	SSI/SSA	\$
6	Allowance	\$
7	Additional Financial Support	\$
	Total Income	\$
B.	Expenses:	
1	Rent	\$
2	Electric	\$
3	Water	\$
4	Cable/Internet	\$
5	Car Payment	\$
6	Car Insurance	\$
7	Gas	\$
8	Bus Pass/ Other Transportation	\$
9	Cell Phone	\$
10	Groceries	\$
11	Household Supplies	\$
12	Clothing	\$
13	Entertainment	\$
14	Personal	\$
15	Child Care	\$
16	Child expenses (diapers, etc.)	\$
17	Additional Expenses	\$
	Total Expenses	\$
	Monthly Remaining/Short	\$

PESS FINANCIAL PLAN AND ASSESSMENT (must be completed every 6 months)

I have enough resources to meet my financial needs while in PESS. Yes No

If yes, please discuss the resources to support your financial plan.

If no, please discuss what supports and skills are needed in your financial plan to assist toward self-sufficiency.

How will I meet my financial needs once I am no longer receiving the PESS Stipend?

I have completed my Financial Plan. Yes No N/A (due to disability)

My Pathway to Success Plan (continued)

** This section is to be completed by the Facilitator **

ASSESSMENT of Youth/Young Adult

FINANCIAL LITERACY: After assessing the My Pathways to Success Plan, has the youth/young adult demonstrated the ability to manage his/her own finances? (See Financial Plan)

Yes No

If yes, please explain why?

If no, please describe skills needed to support the youth/young adult in achieving financial readiness

EXECUTIVE FUNCTIONING: After assessing the My Pathways to Success Plan, has the youth/young adult demonstrated the skills and capabilities to accomplish their outlined goals? (Examples of executive functioning include, but are not limited to, focusing, multi-tasking, and remembering instructions)

Yes No

If yes, please explain why?

If no, please describe the support needed for the youth/young adult to achieve executive functioning

SELF-REGULATION: After assessing the My Pathways to Success Plan, has the youth/young adult demonstrated the ability to understand and manage their behaviors? (Examples of self-regulation include, but not limited to, goal setting, self-monitoring, and self-instruction.)

Yes No

If yes, please explain why?

If no, please describe efforts to support the youth/young adult in achieving financial literacy

My Pathway to Success Plan (continued)

PESS EMERGENCY ASSISTANCE ASSESSMENT: **ONLY to be completed when accessing PESS Aftercare Emergency Funds **

1. Specific reason for this emergency situation:

a. Has the young adult received financial assistance for this situation in the past? Yes
No

2. Results of the assessment confirming the young adult's resources are insufficient (see PESS financial plan above):

3. Amount of financial assistance needed to resolve emergency situation:

Amount of financial assistance approved to resolve emergency situation:

My Pathway to Success Plan (continued)

Signature Page

These individuals helped me with my plan...

Supportive Adult	Role	Date
CMO/CBC Representative	Role	Date
CMO/CBC Representative	Role	Date
CMO/CBC Representative	Role	Date

This plan meets the requirements of sections 39.6035 and 409.1451 (2), Florida Statutes.

For the youth/young adult:

I have received information on the independent living services and programs tailored to my needs including the benefits of each program, advantages, and disadvantages of each program, and the financial value of each program.

I have discussed the information with my CBC lead agency representative.

I understand how the services and benefits will meet my needs.

I understand how the services would assist me in accomplishing my goals.

My Signature

Date

Designated staff shall provide a copy to the youth.

Florida's Post 18 Independent Living Programs

Extended Foster Care (EFC)

Extended foster care is available to current and former foster youth who turned 18 in the Department's legal custody or licensed care and allows you the opportunity to continue residing in or return to licensed foster care or a supervised living arrangement. Extended foster care provides continued case management services, court oversight, room and board, and other services needed to ensure success as an independent adult.

Eligibility Requirements:

Young adults who at the age of 18, were in the legal custody of DCF or licensed care, are eligible for EFC. EFC gives eligible young adults the option of remaining in foster care until the age of 21 or until the age of 22 if they have a qualifying disability.

Qualifying Activity

- Finishing high school or completing G.E.D.; or
- Enrolled in post-secondary education; or
- Working at least 80 hours/month; or
- Participating in a job skills program; or
- Unable to participate in one of the above full time due to a documented disability

Supervised Living Arrangement

- Supervised Living arrangement options include with a licensed foster parent, in a licensed group home, transition home, host home, college dormitory, a rental home, or in your own apartment. All supervised living arrangements must be approved by your CBC.
- You have the option to leave and re-enter EFC until the age of 21 if you meet the eligibility requirements.

To Remain Eligible, you must:

- Meet with a caseworker every 30 days in the home
- Participate in transition plan staffing
- Continue to participate in at least one of the qualifying activities listed above.
- Attend court judicial reviews every six months
- Reside in a CBC approved supervised living arrangement

Eligibility Ends:

- You have turned 21 years of age (or 22 with a documented disability)
- You are not in a qualified activity
- You are not living in an approved Supervised Living Arrangement
- You opt out of Extended Foster Care

My Pathway to Success Plan (continued)

Postsecondary Education Support Services (PESS)

PESS is state program, available to former foster youth who have completed high school or the equivalent and are pursuing post-secondary education.

Eligibility Requirements:

- Turned 18 while in the legal custody of the Department and spent a total of at least six months in licensed out-of-home care before turning 18, OR
Are 18 and was adopted after the age of 14 from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such placement or adoption
AND
- You have earned a standard high school diploma or equivalent
- Are attending a college or vocational school that is eligible under Florida Bright Futures in at least 9 credit hours

If you have a documented disability that would prevent full-time attendance and the educational institution approves, you may attend fewer than 9 credit hours.

Additional requirements:

- Submitted and applied for any other grants and scholarships
- Submitted a Free Application for Federal Student Aid (FAFSA) application
- Signed an agreement to allow access to school records
- Completed a PESS application with the necessary documentation

Stipend

- PESS payment stipends are in the monthly amount of \$1,720. Prior to receiving the PESS stipend, the Department will assess your skills and capabilities to manage your stipend.
- Payments are made directly toward housing and utility vendors, with the remaining funds being disbursed directly to you.
- This payment arrangement will be made by your CBC and will continue until you are able to demonstrate your ability to responsibly manage housing and utility payments on your own.

Transition Services

PESS provides continued transitional and financial planning that will include assistance in meeting your current and future needs.

Eligibility Ends:

- If you're not meeting academic progress at renewal, with certain exceptions
- You have turned 23 years of age
- Obtained a postsecondary degree or certificate
- No longer a resident of the state of Florida

My Pathway to Success Plan (continued)

Aftercare Services

Aftercare Services is a temporary state program based on available funding, intended to provide you with a safety net. Services are designed to help you transition either to independence or to help you become eligible for Extended Foster Care, PESS, Extension of Maintenance Adoption Subsidy, or Extension of Guardianship Assistance Program.

Services can include:

- Mentoring or tutoring
- Mental Health Services
- Substance abuse counseling
- Life skills classes
- Parenting classes
- Job and Career skills training
- Counselor consultations
- Temporary financial assistance
- Financial literacy skills training
- *Emergency financial assistance (If you are in PESS only)*

Eligibility Requirements:

- Turned 18 while in the legal custody of the Department OR spent 6 months in out-of-home care after the age of 14 and did not achieve reunification with a parent/guardian.
- Resident of the State of Florida
- Applied for services before your 23rd birthday
- Completed an Application for Aftercare Services
- Completed an Aftercare Services Plan which is reassessed every 3 months

Eligibility Ends:

- You have turned 23 years of age
- You are not meeting the requirements in your Aftercare Services Plan

Records and Resources Exchanged

Name:		DOB:
Phone Number:	Email Address:	

RECORDS & RESOURCES						
Date Due	Date Discussed	Date Provided	Staff Name	Young Person's Initials	Records/Resources	Comments
					ACCESS Florida- Public Assistance Programs*	
					Bank Account*	
					Behavioral Health*	
					Birth Certificate*	
					Disability of nonage court order*	
					Driver's/Learner's License*	
					Education*	
					Financial Literacy Curriculum by DFS*	
					Florida Real ID* (Driver's/Learner's License ID applies)	
					Health Care Surrogate Designation or Power of Attorney*	
					Independent Living Programs*	
					Letter providing dates that the child is under jurisdiction of the court*	
					Letter stating that the child is in compliance with the financial aid documentation requirements*	
					Master Trust Account* (if applicable)	

RECORDS & RESOURCES

Date Due	Date Discussed	Date Provided	Staff Name	Young Person's Initials	Records/Resources	Comments
					Medical/Dental*	
					Medicaid Card*	
					Process for accessing case file*	
					Social Security Card*	
					Budget	
					CareerSource Florida	
					Credit Check	
					Criminal Record Expunction	
					Disability	
					Free Application for Federal Student Aid (FAFSA)	
					Citizenship	
					Juvenile Justice	
					Keys to Independence Program	
					Life Skills Assessment(s)	
					Photographs	
					Pregnant and/or Parenting	
					Scholarships	
					Social Security Administration	
					Supportive Adult Contacts	

RECORDS & RESOURCES						
Date Due	Date Discussed	Date Provided	Staff Name	Young Person's Initials	Records/Resources	Comments
					Tuition and Fee Exemption	
					Voter Registration	
					Other:	
					Other:	
					Other:	
					Other:	
					Other:	

*I attest that all the required and relevant information as referenced in section 39.701(3), Florida Statutes, was provided and/or discussed with the young person.

Child Welfare Professional

Date