



## Residential Case/Service Plan For Florida Network of Youth and Family Services

**For:** \_\_\_\_\_, **Sheltered at:** \_\_\_\_\_ **Since:** \_\_\_\_\_  
 (Youth's Name and Case Number) (Shelter Name) (Date entered care)

**Court Case Number:** \_\_\_\_\_

**Description of the Facility in which the youth is housed:**

The youth is presently at \_\_\_\_\_, a shelter for youth operated by \_\_\_\_\_, at  
 \_\_\_\_\_ (Name of shelter) \_\_\_\_\_ (Name of Agency)  
 \_\_\_\_\_ in \_\_\_\_\_, Florida.  
 (Address of Shelter) (City)

**Safe and Proper Care, Family-Like setting, Reasonable Efforts:**

The shelter provides a clean, open environment with nutritious food, 24-hour supervision, and a regular schedule of activities designed to promote healthy interaction with peers and adults. Youth attend school or participate in on-site school. The youth is assured of proper medical care as necessary. The youth receives an ongoing assessment of medical care as necessary. The youth receives an ongoing assessment of issues and needs to be addressed. The shelter is an unlocked facility that maintains as family-like conditions as possible. The youth remains in shelter because alternative placement or return to the home has not yet been possible. Reasonable efforts are being made to eliminate the need for substitute care through the identified issues and services being provided to the youth, family and staff.

**Appropriateness of Placement:**

This placement is the most appropriate for the youth at this time because: (Check all that apply, fill in blank as necessary.)

- \_\_\_\_\_ There is at this time no appropriate safe and welcoming alternative placement or proper care that will attempt to remediate issues currently causing conflict and/or harm in the youth's home environment.
- \_\_\_\_\_ The youth has been without safe and stable shelter, and has no viable alternate possibility at this time.
- \_\_\_\_\_ Other reason(s) for placement: \_\_\_\_\_

**This placement is the result of a court order (circle one):**      Yes                  No

**If yes, type of Court Order** \_\_\_\_\_

**If Yes, Compliance with Orders of the Court include the immediate implementation of court-ordered responsibilities by the following methods:**

1. Maintaining the youth in a safe and stable environment.
2. Continuing assessment and planning procedures involving the youth and family as appropriate.
3. Engaging the youth in participation in shelter activities as appropriate.
4. \_\_\_\_\_



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5. \_\_\_\_\_

Services to Youth	Desired Outcome and Target Date	Type of Service	Appropriateness of Service to be Provided	Location	Person Responsible
Issue/Need:				Circle One: Agency Referral	
Issue/Need:				Circle One: Agency Referral	
Issue/Need:				Circle One: Agency Referral	
Issue/Need:				Circle One: Agency Referral	
<b>Services to Parent(s)</b>					
Issue/Need:				Circle One: Agency Referral	
Issue/Need:				Circle One: Agency Referral	





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Other education information: \_\_\_\_\_

### Health Information:

Name and address of youth's health care provider: \_\_\_\_\_  
 (Name) (Address) (Phone Number)

Current Medical Conditions (youth's): \_\_\_\_\_

Medications taken by the youth: \_\_\_\_\_

Record of immunizations attached? (circle one) Yes No

Other relevant health information: \_\_\_\_\_

### Persons Participating in the Case Plan:

Participant:	Signature and Date	Reviewed by: (30 days)	Reviewed by: (60 days)	Reviewed by: (90 days)	Plan updates at 30 days	Plan updates at 60 days	Plan updates at 90 days
Youth							
Counselor/ Case Manager							
Parent							
Parent							



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<b>Supervisor</b>							
<b>Other</b>							
<b>Other</b>							

### NOTICE TO PARENT(S)

**A. ABOUT YOUR CASE/SERVICE PLAN**

This case/service plan has been developed by the agency providing shelter for your child in conjunction with all of the people involved. It includes things the judge ordered. The case/service plan is intended to keep everyone informed about what is to be done and who is responsible for each step. The goal is to reunify the family as soon as possible by addressing some of the problems that led to your child being placed in shelter. The plan may change as we learn more, make progress, or discover that something is holding up our progress. Your continuing involvement is a necessary part of making things better and is strongly encouraged.

**B. YOUR CHILD IS CONSIDERED "AT RISK"**

If you placed your child in shelter voluntarily, that is a good sign that you want and need services. By signing the Voluntary Placement Agreement, you indicated your willingness to be an active part of improving the situation.

If your child was placed in the shelter by the court, it means that the judge believes that the situation urgently needs to change. Involvement of the court does **not** mean that you have given up parental responsibility, but only that the court is providing oversight to make sure that everything that can be done is being done.



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In either case, if you choose to **not** actively participate in your child's case/service plan while your child is in shelter and/or if you are unwilling to pick-up your child on the agreed-upon discharge date, it may be viewed as a neglectful act on your part. We are confident that, by working together, all of us can help to alleviate the situation that made shelter necessary, and your family will be stronger.

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Initials of parties to the case plan: \_\_\_\_\_

04/26/02