



Application for Aftercare Services

Name: _____

Date of Birth: _____

Address: _____ Apt: _____

City: _____ State: _____ County: _____ Zip code: _____

Phone number: _____ E-Mail Address: _____

Alternate Contact – Name and Phone number:

Aftercare Services, including temporary financial assistance, are available to help you upon request if you meet the following requirements:

- You are not currently in Extended Foster Care;
- You reached the age of 18 while you were in licensed out-of-home care;
- You are not currently receiving financial assistance under the Road to Independence Postsecondary Education Services and Support (PESS) Program or the Road to Independence Program as administered prior to January 1, 2014; and
- You are not yet 23-years-old.

Have you submitted the form “My Decision to Leave Foster Care” to your case manager?

_____ Yes _____ No

If yes, when?

Are you planning to leave Extended Foster Care? _____ Yes _____ No

If yes, when?

Were you discharged from Extended Foster Care? _____ Yes _____ No

If yes, when?

Are you receiving financial assistance from PESS?

_____ Yes _____ No

Have you submitted or are you completing an application to be readmitted into Extended Foster Care or for PESS?

Yes No Not Applicable

If yes, what is the date of your application?

Do you need help in order to live independently? Yes No

If yes, describe the help you need:

Do you need financial assistance to achieve eligibility for Extended Foster Care or PESS?

Yes No

If yes, describe the help you need:

Are you homeless or at risk of becoming homeless? Yes No

If yes, please describe where you currently live and/or why you are at risk of becoming homeless.

Do you currently receive or have you recently applied for any benefits (including SNAP/Food Stamps, TANF [cash assistance], Medicaid, SSI, 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 |
|--------------|----------------|---|
| | | |
| | | |
| | | |
| | | |

Below is a listing of services available through Aftercare. Please indicate which services you require. These are not the only services available to you. If your needs are not listed, please use the space provided to request other services.

Mentoring or tutoring
 Type of mentoring or tutoring requested: _____

Mental health services and substance abuse counseling
 Type of services or counseling requested: _____

Life skills classes, including credit management and preventive health activities
 Type of life skills classes requested: _____

Parenting classes

Job and career skills training
 Type of skills training requested: _____

Counselor consultations
 Type of consultation requested: _____

Temporary financial assistance for basic living needs (household goods, education expenses, security deposits, etc.)
 Amount requested: _____ Reason: _____

Education on money management and budgeting

Other

Have you identified a potential provider for these services?

____ Yes ____ No ____ Not Applicable

If yes, what is the name of the potential provider?

Please list any special needs you have not already identified and any services you believe will assist you with those needs.

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

Name of Young Adult (Print): _____

Young Adult's Signature: _____ Date: _____

Phone: (____) _____ - _____

Email: _____

Application for Aftercare Services 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.
(Young Adult)

| | | |
|---|-----------|----------------------|
| Name of Case Manager/ Designated Staff (Print) | Signature | ___/___/____ Date |
|---|-----------|----------------------|

| | |
|-------|-------|
| Phone | Email |
|-------|-------|

[A copy of pages one (1) through five (5) of this 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 in the Florida Safe Families Network (FSFN) the eligibility information listed below.

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:

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 while in licensed foster care.

True False

The young adult is not currently in extended foster care.

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/
Designated Staff (Print)

Signature

Date

Name of Supervisor (Print)

Signature

Date

Application for Aftercare Services Notice of Insufficient Documentation

| | | | |
|---|---------------------------------|------------------------|----------|
| Name of Young Adult | ____/____/____ Date of Birth | | |
| Name of Case Manager/ Designated Staff (Print) | Signature | ____/____/____ Date | |
| Address | City | State | Zip Code |
| Phone | Email | | |

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.]

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 Manage/ Signature Date
Designated Staff (Print)

_____ 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.