



**STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE**  
**Youth Empowered Success Plan**

**Youth's Name:**  
**DJJID:**

**Date Placed On Supervision:**

JPO Name	JPO Phone #	Email
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This plan for ongoing contact between the youth, family, JPO and others will be re-evaluated every 90 days, or earlier as dictated by youth needs. It is important that the youth and family are present at appointment times, and that professional staff involved keep appointment changes to a minimum. Maintaining the communication required to fulfill this plan is not limited to personal contacts, but may include telephone calls, e-mails, letters and collateral contacts.

**Youth Requirements**

Grievance Procedure Reviewed

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

JPO/Case Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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