



Application for Aftercare Services

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

Address: _____ Apt: _____

City: _____ State: _____ County: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

Alternate Contact – Name and Phone number:

_____ Name

_____ 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.

Please explain why you need Aftercare services and support?
(must include where you are transitioning to)_

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 were those resources denied?

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

Foster Care: 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 or 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 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

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.