



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

Thinking about my future

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

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)

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

I am requesting assistance to find housing

I need an Extended Foster Care living arrangement

Is the youth/young adult potentially eligible for FYI/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:	Phone Number:
Last Date of Appointment	
Name of my OB-GYN (if applicable):	Phone Number:
Last Date of Appointment	
Name of my dentist:	Phone Number:
Last Date of Appointment	
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

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

If no, what supports do you need:

My Pathway to Success Plan (continued)

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

What services have I received through Keys to Independence? (i.e., 4-Hour Class, Learner's permit, DL, ID, car insurance):

EMPLOYMENT

Name & Address of employer

I am working Part Time Full Time:

- I am currently employed and not in need of assistance with employment
 I need assistance with my employment (i.e., uniforms, transportation, supplies, etc.)
 I need help finding employment

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

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:

My Pathway to Success Plan (continued)

FINANCIAL PLAN

(To be reassessed at least every 6 months for PESS)

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

Allowance Discussion:

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

If not, please explain why?

Name of Bank:

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)

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)

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	\$

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.

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 (PESS)

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 manage his/her own finances? (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)

Signature Page

These individuals helped me with my plan...

Supportive Adult	Role	Date
Supportive Adult	Role	Date
Supportive Adult	Role	Date
Supportive Adult	Role	Date
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.

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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 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, 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 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 16 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 \$1720. 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

The Aftercare program is a temporary program 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 or PESS.

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
- 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 90 days

Eligibility Ends:

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