

# Extended Foster Care (EFC)

**Spring IL  
Training 2019**



# Statute, Rules, and Procedures

Statute	Rules	Procedures
<b>Chapter 39.6251 F.S., Continuing care for young adults</b>	<b><i>DRAFT</i> 65C-28.009 Transition to Adulthood</b>	<b><i>DRAFT</i> CFOP 170-17: Chapter 1, Life Skills and Independent Living Needs Assessments</b>
	<b>65C-41 Extended Foster Care</b>	<b>CFOP 170-17: Chapter 2, Transition Planning for Youth</b>
		<b>CFOP 170-17: Chapter 3, Extended Foster Care</b>

## Title IV-E Extended Foster Care

Youth 13 to 17	Young Adult				With Disability
	18	19	20	21	22

### Transition Planning

#### Youth Transitioning to Young Adult: 90 Days prior to 18<sup>th</sup> Birthday

##### Opt-Out of EFC

- PESS
- Aftercare
- No Program

##### Enter EFC

- Obtain EFC Agreement
- Assess Living Arrangement
- Establish Shared Living Plan
- Evaluate Program Eligibility

### Youth Turns 18

- Young Adult's Information Separates from Family
- Begin Supervised Living Arrangement
- Existing IV-E Eligibility Status Applies

### Continued Participation in EFC

#### Monthly Home Visits

- Review Transition Planning
- Discuss Shared Living Plan
- Observe the Home Environment
- Review Qualifying Activity

#### Annual Program Eligibility Redetermination



#### Biannual Case Planning, Judicial Reviews, and IV-E Eligibility



### Termination of EFC

- Requires Approval of the Department
- Some Termination Reasons are Appealable

### Reentry to Foster Care

- Anytime Before 21 Years of Age
- Requires Complete Voluntary Placement Agreement

CBC Manages CIC Medicaid

# Preparing Youth Who Are Turning 18 in Department Custody

- The following activities must occur:
  - Update the My Pathway to Success Plan (Transition Plan);
  - Agreement to EFC program requirements;
  - Assessment of a supervised living arrangement and completion of a shared living plan.

The update to the Transition Plan includes a discussion about which program the youth plans to enter:

- EFC
- Postsecondary Education Services and Support (PESS)
- Aftercare
- No Program



# Transition into EFC

- Unless they opt out
- To remain in EFC, the young adult must:
  - Engage in one or more of the qualifying activities.
  - Reside in an approved supervised living arrangement.



# Youth Opts Out

- *My Decision to Leave Extended Foster Care form (CF-FSP 5375)*



## My Decision to Leave Extended Foster Care

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note to young adult: Please consider discussing this decision with your guardian ad litem and/or attorney prior to completing this form.*

Please check all that apply:

\_\_\_\_ I am leaving Extended Foster Care.

\_\_\_\_ I understand that leaving Extended Foster Care does not disqualify me from enrollment in Postsecondary Education Services and Support (PESS) or Aftercare Services.

\_\_\_\_ I want to apply for PESS.

\_\_\_\_ I want to apply for Aftercare Services.

\_\_\_\_ I understand that I can seek readmission into Extended Foster Care by completing the Application for Readmission into Extended Foster Care.

My last day in foster care will be: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reasons for leaving Extended Foster Care (optional):

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Signed:

\_\_\_\_\_  
Young Adult                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Case Manager (printed)                      Case Manager (signed)                      Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Disability or Medical Condition?

- If youth are incapable of doing any of the qualifying activities due to a medical condition and/or disability, there must be documentation of the barrier to participation.
- Child Welfare Professionals must assist the young adult in securing supporting documentation of the condition
  - If the supporting documentation is not already in the child's case file or school or medical records



# Supervised Living Arrangement Assessment (SLAA)

- EFC Living Arrangement/Placement Type
  - Evaluating a specific home environment
- Readiness
  - Focuses on conditions of home and young person's ability to safely reside independently
  - Considers functioning and demonstration of life skills
- Supervision
  - Face to face contact in the home monthly is the minimum
- Services and Supports
  - Addresses life skill instruction, counseling, and other needs
- Assessment Decision
  - Approved/Not Approved and justification

# SLAA

## Consideration/Notation

- Young adults may live in another state.
- The young adult may share housing with others.
- Approving household members may include criminal background checks.
- Prison, jail, detention centers, and other involuntary commitment type programs are not considered supervised independent living settings for Title IV-E reimbursement.

# Shared Living Plan

- Household Chores and Daily Living Activities
  - Lists assistance with food preparation, cleaning, shopping, etc.
- Physical and Behavioral Health
  - Lists assistance with scheduling appts, taking medication, self-care, etc.
- Check-In/Curfew and 24-hour Crisis Intervention and Support
  - Addresses household customs and plan for safety and security to include acceptable absences.
  - Lists important and emergency contacts.
- Financial Resources
  - Outline costs associated with living arrangement.
  - Considers financial needs assessments or budget tools used.

# Sequence of Events

- When a youth continues into EFC, the Child Welfare Professional will:
  - Complete the *Extended Foster Care Agreement form (CS-FSP 5432)* with the youth to review and confirm program eligibility.
  - Assess the living arrangement using the *Supervised Living Arrangement Assessment (CF-FSP 5431)*.
  - Complete the *Shared Living Plan (CF-FSP 5430)* for the approved supervised living arrangement.
  - Evaluate program eligibility
- This process should begin 90 days before the youth's 18<sup>th</sup> birthday.

### Young Adult Program Eligibility Information

Young Adult Name: Starnell, Thomas Person ID: 900010340 Case Name: Starnell, Mommy FSFN Case ID: 3630781

DOB: 11/05/2000 Age: 17 Type: Initial Date Applied: 10/30/2018 Effective/ Enrolled Date: 11/05/2018

#### Extended Program Eligibility Determination: Pending

☐ On Appeal Date notified of appeal process: 00/00/0000 ☐ Supervisor Eligibility Override

If Ineligible, explain how notified of appeal process:

Reason for Override:

Termination Reason:

Redetermination Reason:

Pre-fills with Youth's  
18<sup>th</sup> Birthday

Date Last Updated:

Last Updated By:

### Young Adult Eligibility Questions

The questions should be answered based on the effective date entered above. For example, if the young adult is not currently participating in a program to promote employment, but will be as of the effective date, then answer yes to question 6. This allows for presumptive eligibility determination. Final determination can only be processed on or after the effective date.

Question	Answer
1. Based on the Effective Date, the young adult's age is:	18 yrs 0 days
2. Did the young adult age out while in the custody of the Department?	No
3. Is the young adult enrolled in a secondary education program leading to a high school diploma or equivalent credential?	No
4. Is the young adult enrolled in a postsecondary or vocational institution?	No
5. Is the young adult working at least 80 hours per month?	No
6. Is the young adult participating in a program or activity designed to promote or eliminate barriers to employment? <a href="#">Assets and Employment</a>	Yes
7. Does the young adult have a clinical disability from a licensed clinical professional that is documented on the young adult's Medical/Mental Health page within this FSFN case? <a href="#">Medical/Mental Health</a>	No
8. Is the young adult unable to participate in any of the activities listed in questions 3-6 full-time due to a documented physical, intellectual, emotional or psychiatric condition?	<input type="radio"/> Yes <input checked="" type="radio"/> No
9. If yes to #8, does the documentation exist from a licensed clinical professional that the additional year is necessary or helpful to the young adult's progress toward Independent Living. (only for young adult of age 21-22 age)	<input type="radio"/> Yes <input checked="" type="radio"/> No
10. Has the Young Adult signed the EFC Agreement?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
11. Was an EFC Voluntary Placement Agreement signed by the Young Adult?	<input type="radio"/> Yes <input checked="" type="radio"/> No

System Derived  
Answers

Determine EFC Eligibility

☐ Check to Finalize EFC Eligibility Determination

Save

Close

## Young Adult Program Eligibility Page

General Information

Name: [Starnell, Thomas](#)

Person ID: 900010340

Gender: Male

Ethnicity:

SSN:

Date of Birth:

11/05/2000

Race:

Assets/Liabilities and Unearned Income

Employment

Credit Checks

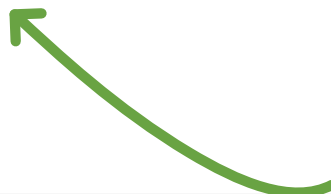
Date Last Updated: 10/30/2018

Last Updated By: Darnell, Kellie (FSFN Demonstration Unit)

Programs and/ or Activities

Document any programs or activities the young adult is participating in, which is designed to promote or eliminate barriers to employment.

Start Date	End Date	Program or Activity Description	Action
10/30/2018	00/00/0000	Working with a Job Counselor at WorkForce Center.	<a href="#">Delete</a>



Answer to Program Eligibility Question #6 is Derived from Programs and Activities

Insert

Employment History

Eff. From	Eff. To	Employer	Type	Wages
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Employment Address

C/O: Street/PO Box/Route: Unit Building:  
 Street: PO Box: Route: County: Non-Florida  
 FL City: State: Zip: Country:

Save

Close

Assets and Employment Page



**FSFN** Print Audit Spell Check Help Check Help

**Information**

School Name:\* Leon High School

School Address: 1233 Leon Avenue  
Tallahassee, FL 32311

School Phone Number: (850)457-8545

School Type:\* Public School

Program Type: General Education

Program:

School District/County:\* Leon

Current Grade Level:\* Twelfth

School Start Date: 08/01/2017 School End Date: 00/00/0000

Number of Hours Currently Enrolled: 0 Total Credits Earned To Date: 0

Completion Status:

Contact Person:

Contact Phone Number:

Reason for change:

Continue Close

Insert

Save Close

Answers to Program Eligibility Questions #3 and #4 are Derived from School Type or Program Type

Education



General Information

Name: [Starnell, Thomas](#) Gender: Male Race:  
 SSN: Date of Birth: 03/07/2000 Ethnicity:  
 Medicaid Number:

Actions:

Text:

[CBHA Referral and Authorization](#)  
[Consent to Medical Treatment](#)

Medical Profile

Medications

Mental Health Profile

Medical History

Disability Information

Medical/Mental Health Conditions

Has the child been clinically diagnosed as having a disability(ies): Yes

Diagnosed Condition Category *	Diagnosed Condition Type *	Begin Date *	End Date	Action
18+ Other <input type="button" value="v"/>	Other disability type, user entered text field. <input type="button" value="v"/>	08/06/2018	00/00/0000	<a href="#">Delete</a>
Behavioral/Mental Health <input type="button" value="v"/>	Conduct Disorder <input type="button" value="v"/>	01/10/2017	00/00/0000	<a href="#">Delete</a>

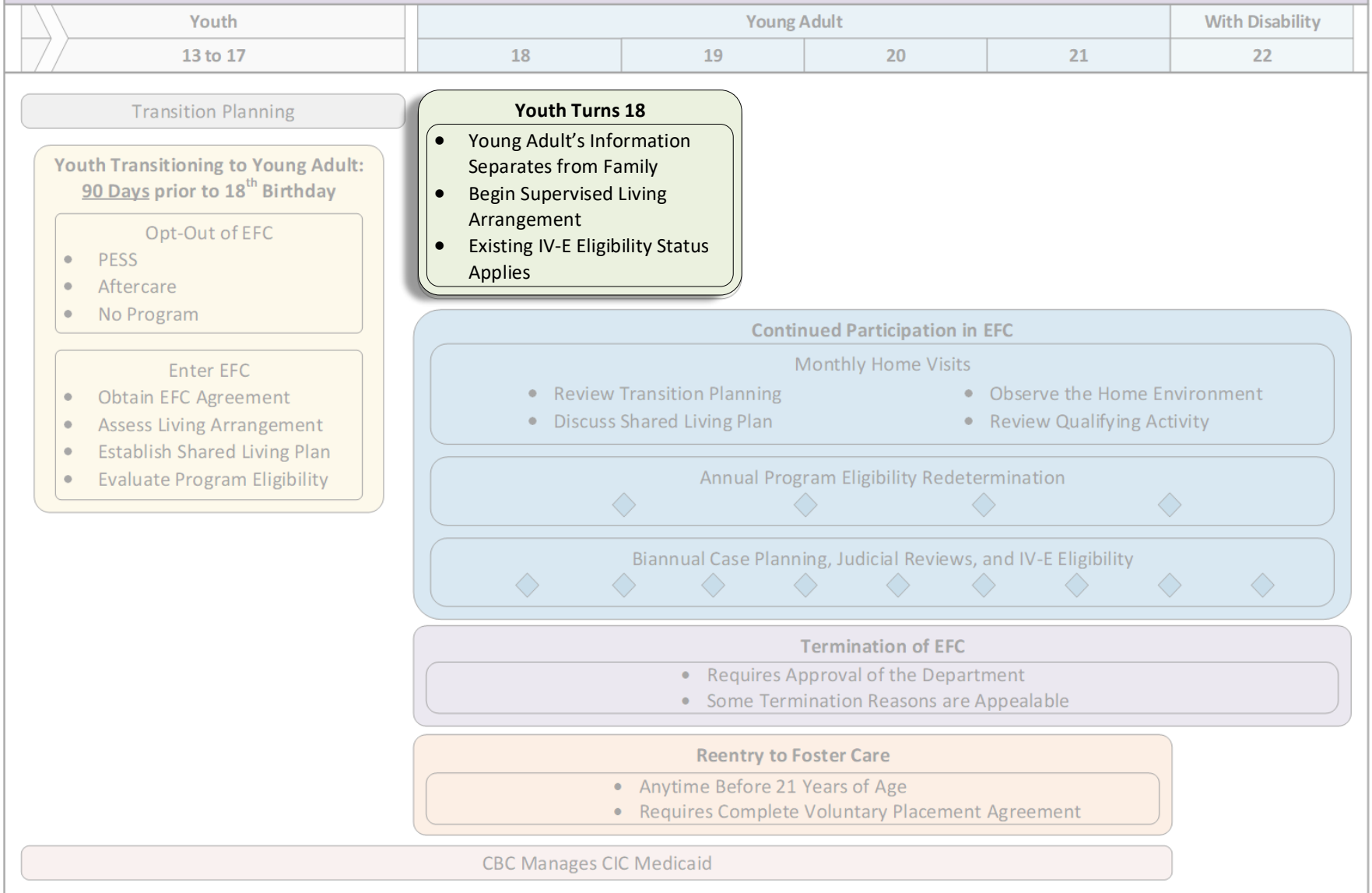
Caregiver(s) Information at Time of Intake

Emotionally Disturbed:  Learning Disability:  Visually or Hearing Impaired:   
 Other Medical Condition:  Drug Abuse:  Mental Retardation:

Answer to Program Eligibility Question #7 is Derived from Medical/Mental Health Conditions

Medical/Mental Health Page

## Title IV-E Extended Foster Care



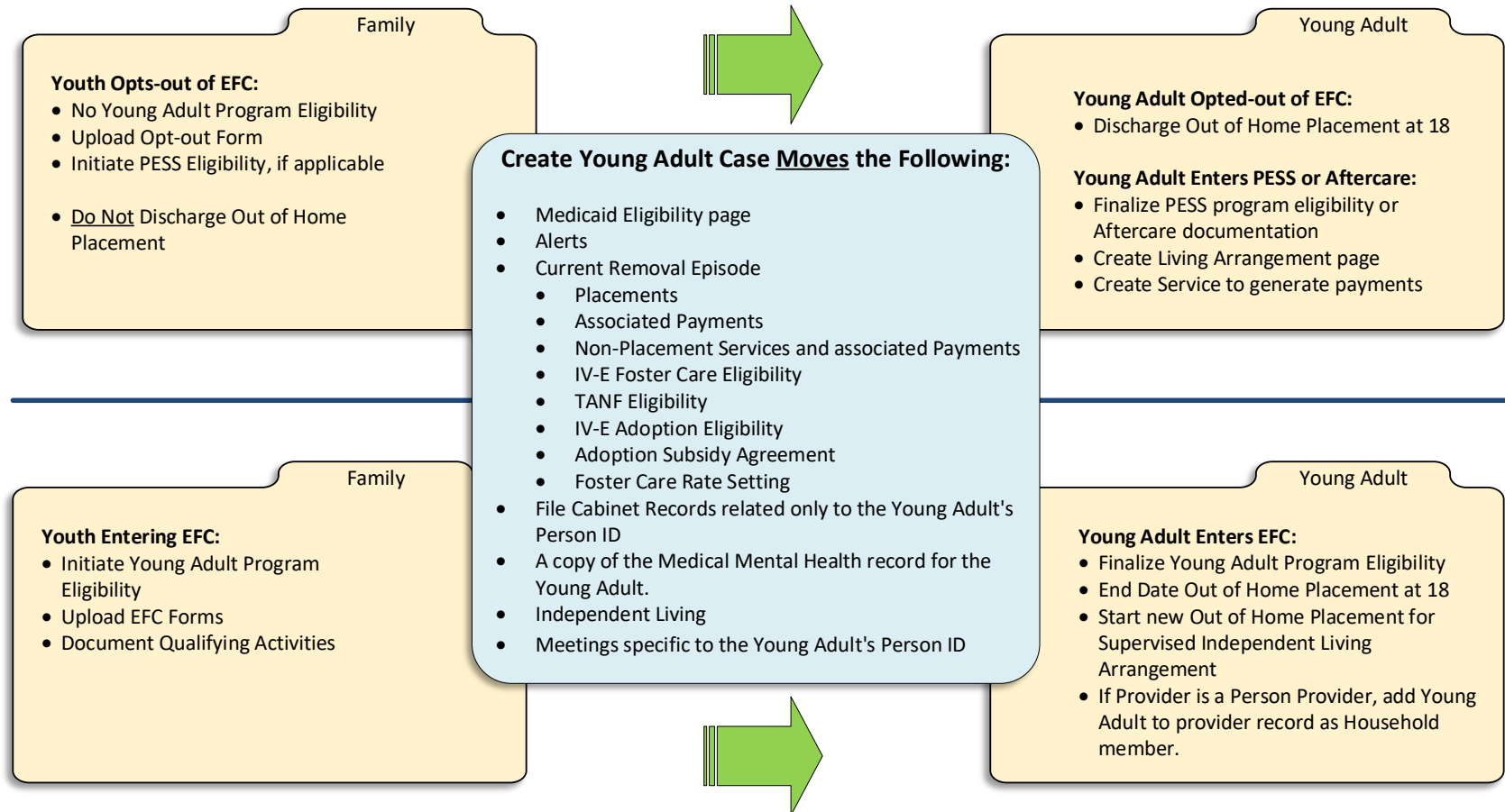
# Creating a New Young Adult Case



- A Young Adult Case is created for ALL youth who turn 18 while in the legal status of Department Custody.

# Moving from Family Case to Young Adult Case

## Youth Opts-out of EFC



Case

Last/Provider:  CLS Case Name:  Case ID: 3627301 Status: Open Unit: FSN Demonstration Unit  
 First:  Middle Name:  Open Date: 02/14/2016 Program Code: Child

Participants Relationships Address Professional/Family Support Network Contacts Closing History

Basic

Case Type:  Family Structure:  County:  ☐ Restricted Case

Participants

Name	Hsld	Status	Gender	Service Role	DOB	Age	Ethnicity	Legal				
<a href="#">Starnell, Andrew</a>	Y	Active	Male	Child Receiving Services	04/12/2008	10	Unable To Determine	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>	
<a href="#">Starnell, Daddy</a>	Y	Active	Male	Parent In The Home	03/08/1980	38	German	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>	
<a href="#">Starnell, Jared</a>	Y	Active	Male	Child Receiving Services	04/12/2008	10	Unable To Determine	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>	
<a href="#">Starnell, Mommy</a>	N	Active	Female	Parent In The Home	11/22/1980	37	Unknown	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>	
<a href="#">Starnell, Thomas</a>	N	Active	Male	Child Receiving Services	11/05/2000	17	Eastern European	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>	
<a href="#">Starnell, Wesley</a>	Y	Active	Male	Child Receiving Services	04/12/2008	10	Unable To Determine	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>	
<a href="#">Visitor, Victor</a>	U	InActive	Male		09/09/1977	41		None	<a href="#">Milestones</a>	<a href="#">ReActivate</a>	<a href="#">Remove</a>	

Insert

Options:

- Actions
- Create Background Checks
- Submit Case Closure Request
- Delink Intake
- Split Case
- Create New Case and Finalization
- Create Young Adult Case
- ICPC Parent Checklist
- ICPC Priority Reg. 7 Checklist

New Option to Create Young Adult Case

Maintain Case Page – Create Young Adult Case

Case

Last/Provider:  CLS Case Name:  Case ID: 900001981 Status: Open Unit: FSN Demonstration Unit  
 First:  Middle Name:  Open Date: 10/30/2018 Program Code: Child

Participants Relationships Address Professional/Family Support Network Contacts Closing History

Basic

Case Type:  Family Structure:  County:  ☐ Restricted Case

Participants

Name	Hsld	Status	Gender	Service Role	DOB	Age	Ethnicity	Legal				
<a href="#">Starnell, Thomas</a>	N	Active	Male	<input type="text" value="Child Receiving Services"/>	10/30/2000	18	Eastern European	None	<a href="#">Milestones</a>	<a href="#">Delete</a>		

Select Case Type

Select County

Insert

Options:

Save

Close

## Maintain Case Page – Young Adult Case

End Date and Time:

10/23/2018 09:00 AM PM

Ending Purpose:

Change within EFC

End Reason:

Is the End of this Child Placement a Discharge from the Removal Episode?

Discharge Reason:

☐ Override

Options:

Placement Change within Removal Epsd

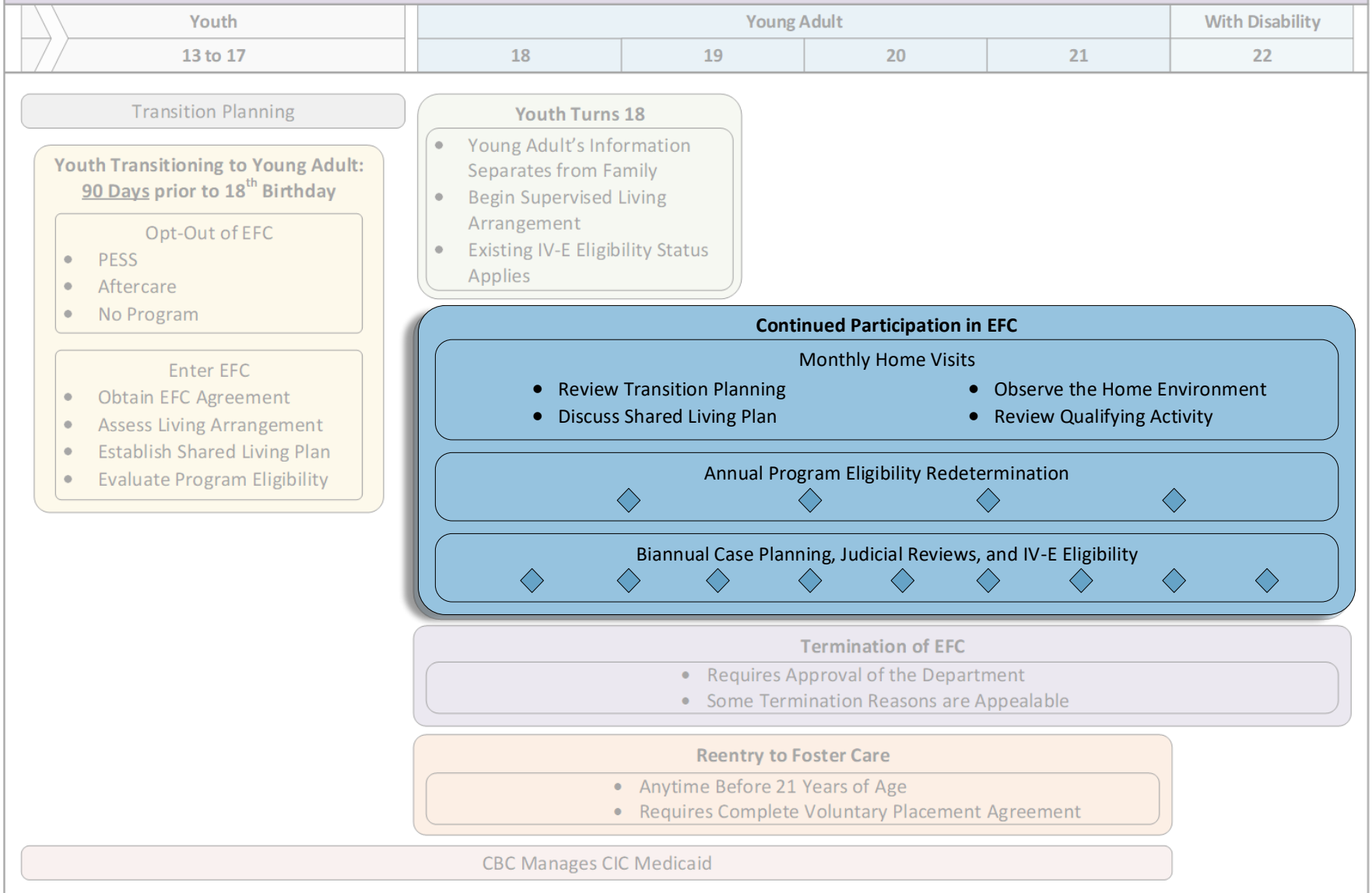
Abducted  
Absconded  
Adoption Disruption  
Adoption Placement  
Change in EFC Supervised IL Arrangement/Placement  
Child in Correctional Facility w/Aftercare  
Child Requested Change  
Duplicate  
Entering EFC Supervised IL Arrangement/Placement  
Hospitalization (more than 30 days)  
Incarceration/Detention  
Move Made in Accordance with Case Plan Goal (Includes APPLA)  
Parent/Relative/Guardian Requested Change  
Placement Disruption  
Placement Overcapacity  
Provider No Longer Licensed  
Provider Requested Change  
Runaway - NOT Closing Case  
Transfer to Other Agency (i.e. Out of County Supervision)  
Trial Home Visit from Court-Ordered Plcm

Entry into EFC

## Placement End Reasons



## Title IV-E Extended Foster Care



# Remaining in EFC until 22

- The EFC Program ends when young adults turn 21 unless they have a documented disability. If so, they must be actively participating on their 21<sup>st</sup> birthday.
- The Child Welfare Professional must discuss with the young adult and any designated decision-making authority within 180 days of the young adult's 20<sup>th</sup> birthday to see if he/she wants to remain in EFC after turning 21. This is part of transition planning.
- The Child Welfare Professional gives the form *My Decision to Leave Extended Foster Care (CF-FSP 5375)* to the young adult if he/she requests to be discharged or opt out.

## Young Adult Program Eligibility Information

Young Adult Name: Starnell, Thomas Person ID: 900010340 Case Name: Starnell, Mommy FSFN Case ID: 3630781

DOB: 10/30/2000 Age: 18 Type: Initial Date Applied: 10/30/2018 Effective/ Enrolled Date: 10/30/2018

## Extended Program Eligibility Determination: Approved (Override) - Eligible

☐ On Appeal

Date notified of appeal process: 00/00/0000

☒ Supervisor Eligibility Override

If Ineligible, explain how notified of appeal process:

Reason for Override:

Thomas was unable to sign the EFC agreement.

Termination Reason:

Termination Date: 00/00/0000

Date Last Updated:  
10/30/2018

Redetermination Reason:

Redetermination Date: 00/00/0000

Last Updated By:  
Darnell, Kellie

## Young Adult Eligibility

The questions should be answered on or after the effective date. If the young adult is currently enrolled in a program to promote employment, but will be as of the effective date, then answer yes to question 6. This allows for presubmission of the redetermination. Annual Redeterminations can only be processed on or after the effective date.

Question	Answer
1. Based on the Effective Date, the young adult's age is:	18 yrs 0 days
2. Did the young adult age out while in the custody of the Department?	No
3. Is the young adult enrolled in a secondary education program leading to a high school diploma or equivalent credential?	No
4. Is the young adult enrolled in a postsecondary or vocational institution?	No
5. Is the young adult working at least 80 hours per month?	No
6. Is the young adult participating in a program or activity designed to promote or eliminate barriers to employment? <a href="#">Assets and Employment</a>	Yes
7. Does the young adult have a clinical disability from a licensed clinical professional that is documented on the young adult's Medical/Mental Health page within this FSFN case? <a href="#">Medical/Mental Health</a>	No
8. Is the young adult unable to participate in any of the activities listed in questions 3-6 full-time due to a documented physical, intellectual, emotional or psychiatric condition?	<input type="radio"/> Yes <input type="radio"/> No
9. If yes to #8, does the documentation exist from a licensed clinical professional that the additional year is necessary or helpful to the young adult's progress toward Independent Living. (only for young adult of age 21-22 age)	<input type="radio"/> Yes <input type="radio"/> No
10. Has the Young Adult signed the EFC Agreement?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
11. Was an EFC Voluntary Placement Agreement signed by the Young Adult?	<input type="radio"/> Yes <input type="radio"/> No

[Determine EFC Eligibility](#)

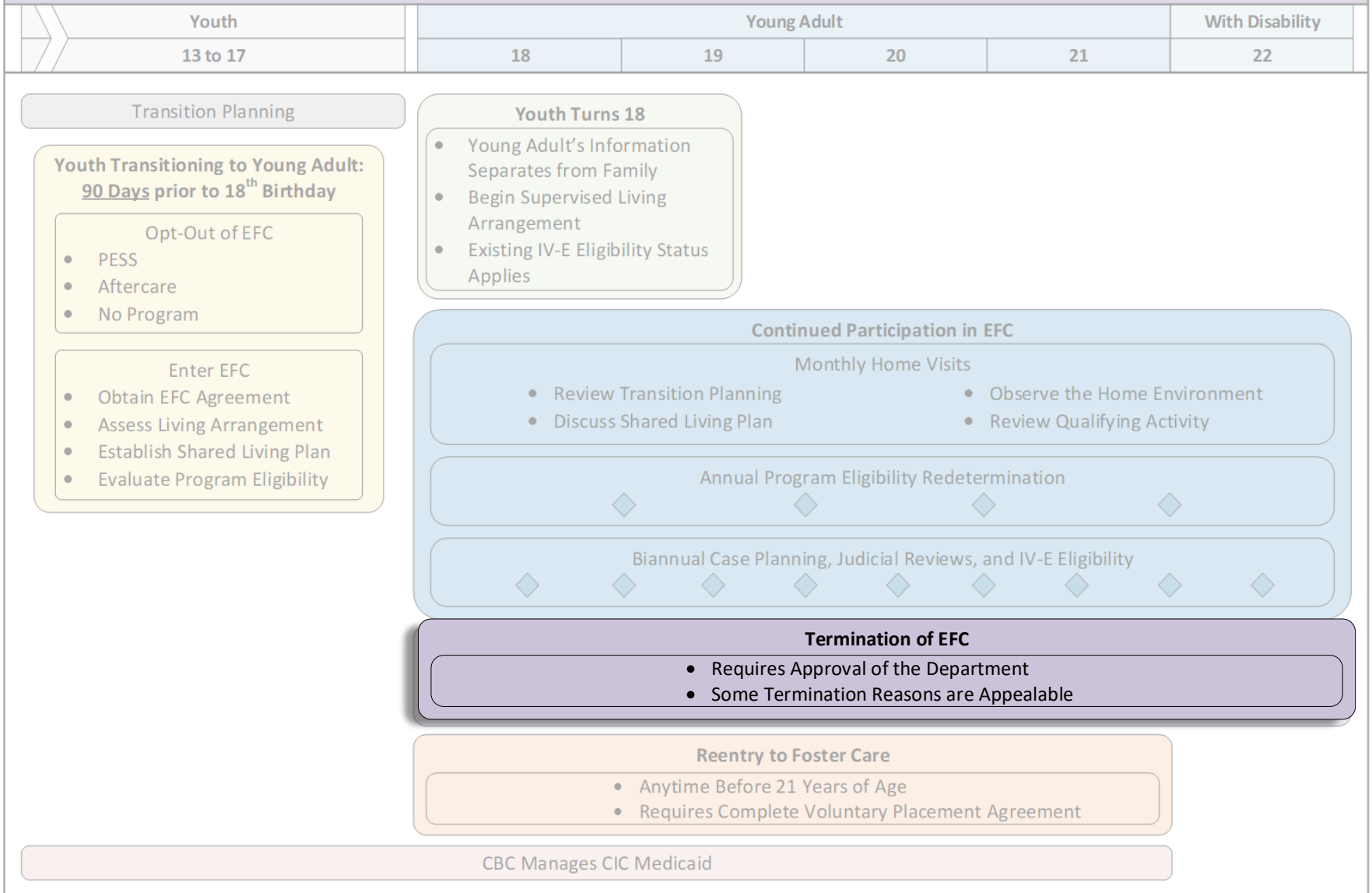
☒ Check to Finalize EFC Eligibility Determination

[Save](#)

[Close](#)

## Young Adult Program Eligibility – Redetermination Reasons

## Title IV-E Extended Foster Care



# Program Termination Reasons

- Termination with Appeal Process:
  - Achieved permanency
  - Aged out
  - Not participating in a qualifying activity
  - Not residing in an approved, supervised living arrangement
- Termination without Appeal Process:
  - Voluntary opt-out
  - Deceased



# Recommending Discharge

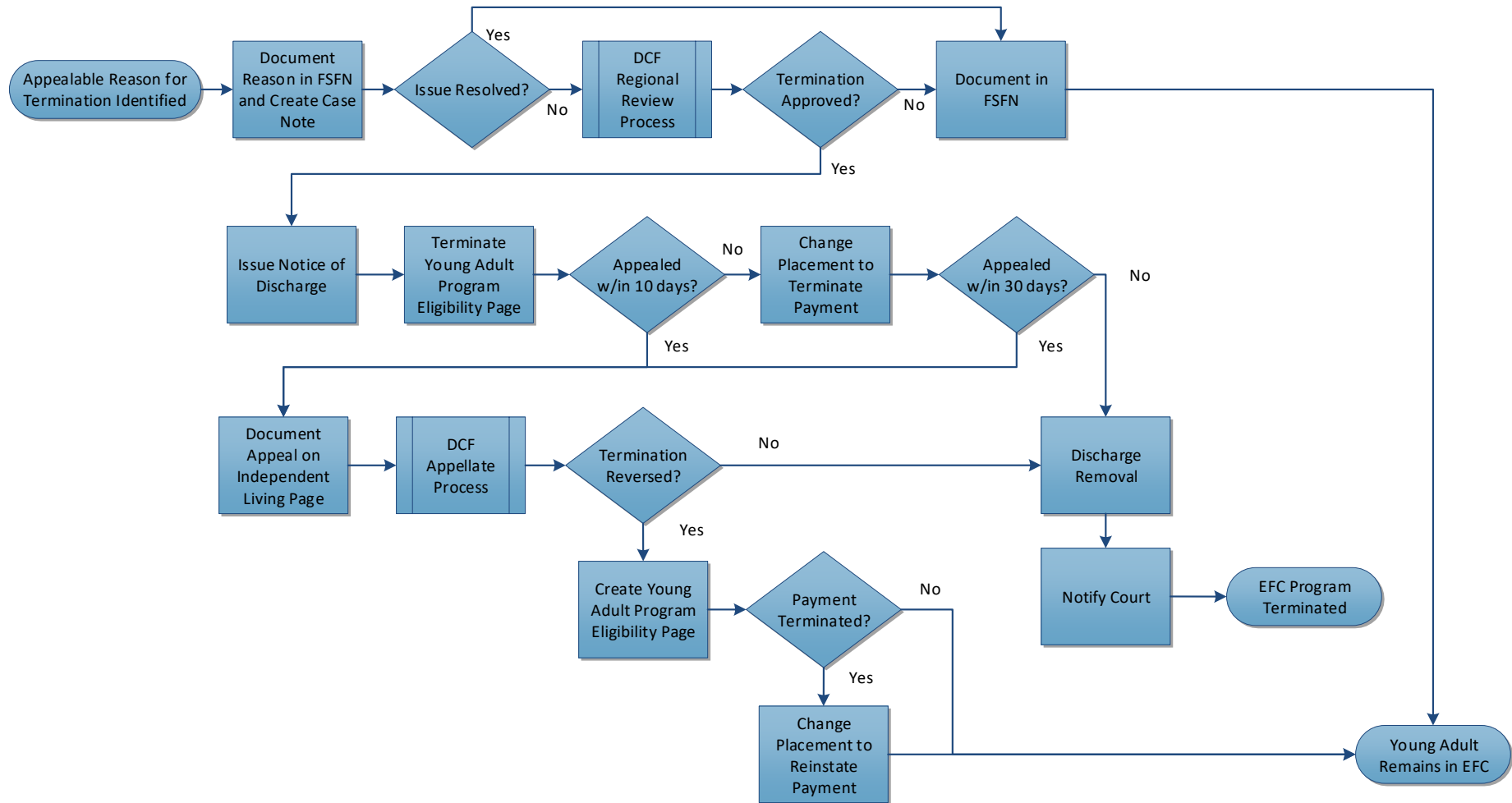
- If the Child Welfare Professional determines the young adult should be discharged from the program for an appealable termination reason, he/she makes a recommendation to the Department's regional operations representative for review and agreement.
- Upon agreement of denial, the Child Welfare Professional provides the *Notice of Discharge from Extended Foster Care (CF-FSP 5376)*.

# Notices of Discharge

- Includes:
  - Notice
  - Information on Services
    - EFC
    - PESS
    - Aftercare (an application if eligible)
  - Due Process Rights
  - Request for Fair Hearing



## EFC Program Termination Process



## Young Adult Program Eligibility Information

Young Adult Name: Starnell, Thomas

Person ID: 900010340

Case Name: Starnell, Mommy

FSFN Case ID: 3630781

DOB: 10/30/2000

Age: 18

Type : Initial

Date Applied: 10/30/2018

Effective/ Enrolled Date: 10/30/2018

## Extended Program Eligibility Determination: Approved (Override) - Eligible

☐ On Appeal

Date notified of appeal process: 00/00/0000

☒ Supervisor Eligibility Override

If Ineligible, explain how notified of appeal process:

Reason for Override:

Thomas was unable to sign the EFC agreement.

Termination Reason:

Redetermination Reason:

## Young Adult Eligibility

The questions should be answered to determine if the young adult is eligible for the program, but can only be processed on a case that is not on appeal.

Achieved Permanency  
Aged Out  
Deceased  
Eligibility Change to Aftercare Services  
Eligibility Change to PESS  
No Longer in a Qualifying Activity  
No Longer in an Approved Supervised Living Arrangement  
Not Adhering to Program Requirements as Agreed Upon  
Voluntary Opt Out

Termination Date: 00/00/0000

Date Last Updated:

Redetermination Date: 00/00/0000

Upon Approval from  
Region for Appealable  
Reasons

If the young adult is not eligible for the program, the system allows for presumptive eligibility determination. Final determination

Question	Answer
1. Based on the Effective Date, the young adult's age is.	18 yrs 0 days
2. Did the young adult age out while in the custody of the Department?	No
3. Is the young adult enrolled in a secondary education program leading to a high school diploma or equivalent credential?	No
4. Is the young adult enrolled in a postsecondary or vocational institution?	No
5. Is the young adult working at least 80 hours per month?	No
6. Is the young adult participating in a program or activity designed to promote or eliminate barriers to employment? <a href="#">Assets and Employment</a>	Yes
7. Does the young adult have a clinical disability from a licensed clinical professional that is documented on the young adult's Medical/Mental Health page within this FSFN case? <a href="#">Medical/Mental Health</a>	No
8. Is the young adult unable to participate in any of the activities listed in questions 3-6 full-time due to a documented physical, intellectual, emotional or psychiatric condition?	<input type="radio"/> Yes <input type="radio"/> No
9. If yes to #8, does the documentation exists from a licensed clinical professional that the additional year is necessary or helpful to the young adult's progress toward Independent Living. (only for young adult of age 21-22 age)	<input type="radio"/> Yes <input type="radio"/> No
10. Has the Young Adult signed the EFC Agreement?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
11. Was an EFC Voluntary Placement Agreement signed by the Young Adult?	<input type="radio"/> Yes <input type="radio"/> No

[Determine EFC Eligibility](#)☒ Check to Finalize EFC Eligibility Determination[Save](#)[Close](#)

## Young Adult Program Eligibility – Termination Reasons

# Appeals

- The request for a hearing may be made orally or in writing.
  - An oral request is made on the date the young adult speaks with the Child Welfare Professional, CBC agency, or DCF.
  - Written requests are made on the date that the young adult sends it by U.S. Mail, email, or hand-delivery.
  - The appropriate forms must be completed and sent to DCF Office of Appeal Hearings, Young Adult, Young Adult's Authorized Representative, DCF Regional Legal Counsel, and DCF Legal Representative.

**Florida Safe Families Network**

**Case Information**  
 Participant Name: [Starnell, Thomas](#) DOB: 03/07/2000 Age: 18 Person ID: 900010380 Case Name: [Starnell, Mommy](#) FSN Case ID: 3627301  
 Has the Child Ever Been Adjudicated Delinquent? ☐ Yes ☐ No Date of Adjudication: 00/00/0000

**Academic and Life Skills Progress** | **Age 13-17** | **Age 18-23**

**Aftercare Services**

**Road-To-Independence/Transitional Support Services**

**Appeal**  
 Date Requested: 11/06/2018 Appeal Reason: Extended Foster Care Terminated Final Decision: Final Decision Date: 00/00/0000  
 Is this a second appeal to the district court? ☐ Yes ☒ No If Yes, Describe why

**Actions:**  
[Upload Image](#)  
[Create Young Adult Case Planning Worksheet](#)  
 Text:

**Save** **Close**

Appeal Section

Independent Living Page

**Appeal**

Date Requested: 11/06/2018 Appeal Reason: Extended Foster Care Terminated Final Decision: Final Decision Date: 00/00/0000  
 Is this a second appeal to the district court? ☐ Yes ☒ No If Yes, Describe why

**Delete** **Insert**

**Insert upon Receipt of Appeal**

Independent Living Page - Appeal

End Date and Time:

10/23/2018 09:00 AM PM

Ending Purpose:

Discharge from Removal Epsd

End Reason:

Is the End of this Child Placement a Discharge from the Removal Episode?

Discharge Reason:

☐ Override

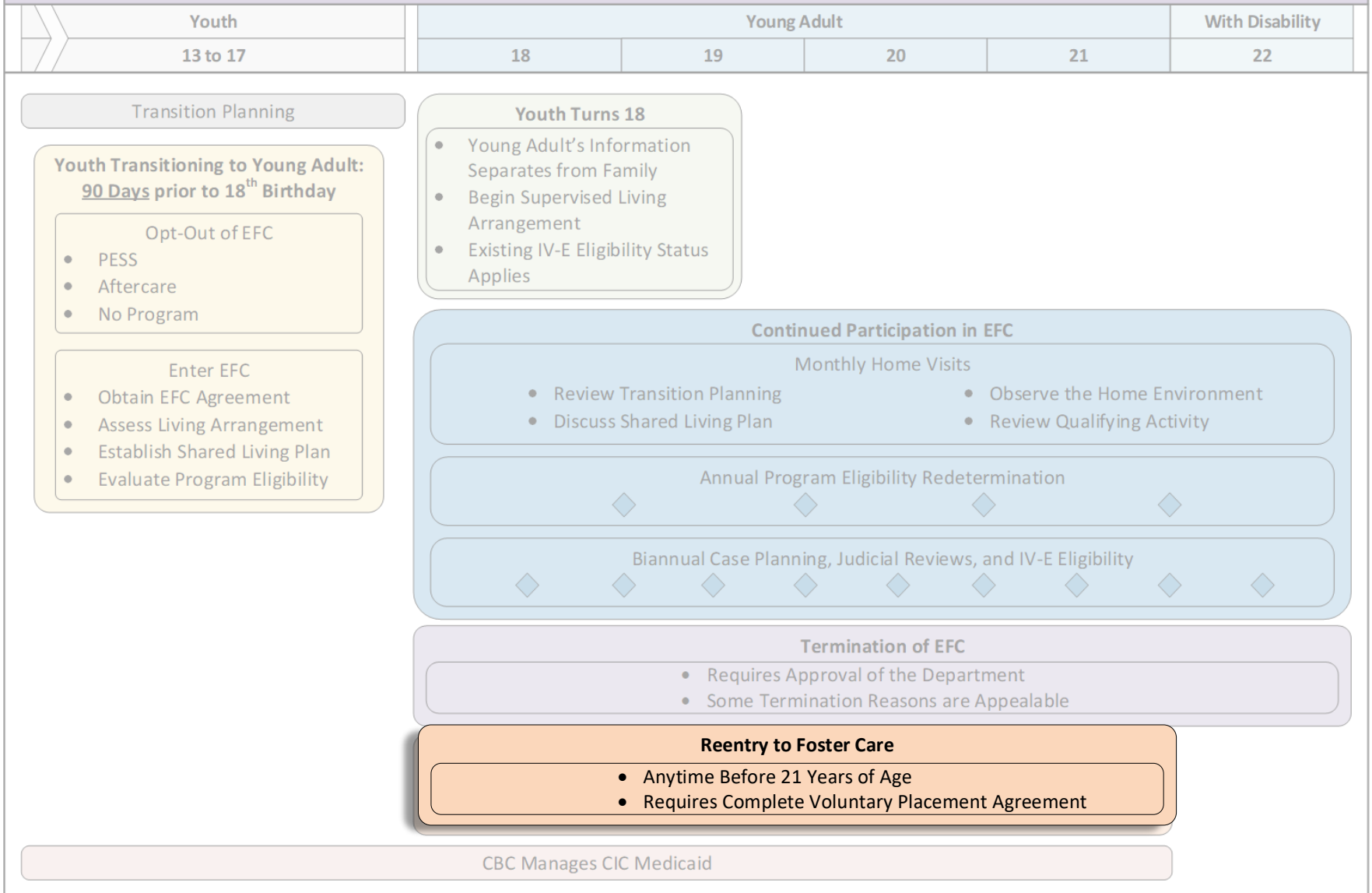
Options:  Go

Program Termination

- Adoption Finalization
- APPLA (Another Planned Permanent Living Arrangement)
- Child Ages Out Non-EFC
- Death of Child
- Dismissed by Court
- Emancipation
- Marriage
- No Longer EFC Eligible
- Permanent Guardianship (includes Guardianship to Relative)
- Placement with a fit and willing Relative
- Reunification w/Parent(s) including Non-Custodial Parent
- Reunification with Parent(s) including Non-Custodial Parent
- Voluntary Opt Out (EFC only)
- Young Adult Ages Out (EFC only)

## Placement Discharge Reasons

## Title IV-E Extended Foster Care





# Re-Entry Process

- Young adults may re-enter EFC any time before their 21<sup>st</sup> birthday.
- The young adult must complete the *Extended Foster Care Voluntary Placement Agreement (CF-FSP 5377)*.
- The EFCVPA initiates the young adult's new foster care episode based on the last signature date on the agreement.





# Approval of EFC

- Before the CBC representative signs the EFCVPA approving re-entry into foster care, the Child Welfare Professional must ensure the young adult meets all eligibility requirements by:
  - Verifying qualifying activity
  - Assessing and approving the supervised living arrangement (includes completion of the Shared Living Plan)
- The young adult is notified of approval or denial within ten business days of submitting the agreement.



Child

Child: Starnell, Thomas (ID: 900010340 Age: 18 DOB: 10/23/2000 )

Case Name: Starnell, Thomas (ID: 900001981)

Request Number:

Removal/Placement

Provider

Financial

Actions:

Child Removal From Home

Removal Begin Date and Time: 10/30/2018 09:00 ☒ AM ☐ PM Removal End Date And Time: 00/00/00 00:00 ☐ AM ☐ PM

Initial Removal Reasons

Manner of Removal: Voluntary

Primary Caregiver:

Caregiver Structure:

Secondary Caregiver:

Pre-filled and Disabled

Child Placement Information

Placement Begin Date and Time: 10/30/2018 09:00 ☒ AM ☐ PM Placement End Date and Time: 00/00/0000 00:00 ☐ AM ☐ PM

☐ Placement Exception

☐ This is an Adoptive Placement

Fiscal Agency: FSN Demonstration Fiscal

Service Category: Independent Living

Service Type: Supervised Living Arrangement

Placement Setting: Supervised Independent Living

Voluntary Licensed Care Information

Voluntary Placement Agreement Date: 10/30/2018

Is this a Voluntary Medical Placement? No

☐ 90 Day Voluntary Placement Review/Authorization completed

Is a Child Placement Agreement needed? ☐ Yes ☐ No

Extraordinary Needs - s.409.1676(2a)

Voluntary Placement Agreement Information

[Approval](#)  
[Placement Exception Reasons](#)

[Text](#)  
[Change in Placement](#)  
[Voluntary Placement Agreement](#)  
[Waiver Attachment-Over 5](#)  
[Waiver Attachment-More than 2 under 2](#)  
[Request for Foster Home Waiver](#)

Save

Close

Out of Home Placement – Over 18

## Removal from Home Reasons

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Abandonment                                    | <input type="checkbox"/> Death of Parent(s)                  | <input type="checkbox"/> Incarceration of Parent(s)       |
| <input type="checkbox"/> Adoption Dissolution                           | <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Labor Trafficking                |
| <input type="checkbox"/> Alcohol Abuse (Child)                          | <input type="checkbox"/> Drug Abuse (Child)                  | <input type="checkbox"/> Medical Neglect                  |
| <input type="checkbox"/> Alcohol Abuse (Parent)                         | <input type="checkbox"/> Drug Abuse (Parent)                 | <input type="checkbox"/> Physical Abuse                   |
| <input type="checkbox"/> Caretaker's Inability to Cope                  | <input type="checkbox"/> Emotional Abuse/Neglect             | <input type="checkbox"/> Physical Neglect                 |
| <input type="checkbox"/> Child's Behavior Problem                       | <input checked="" type="checkbox"/> Extended Foster Care 18+ | <input type="checkbox"/> Relinquishment                   |
| <input type="checkbox"/> Child's Disability                             | <input type="checkbox"/> Inadequate Housing                  | <input type="checkbox"/> Sexual Abuse                     |
| <input type="checkbox"/> Commercial Sexual Exploitation of Child (CSEC) | <input type="checkbox"/> Inadequate Supervision              | <input type="checkbox"/> Sexual Abuse-Sexual Exploitation |

Continue

Close

System Selected, All  
Other Values  
Disabled

D: 900001981)

Request Number:

## Financial

## Actions:

[Approval](#)[Placement Exception  
Reasons](#)[View Request](#)

## Text:

[Text](#)[Change in Placement](#)[Voluntary Placement  
Agreement](#)[Waiver Attachment-Over 5](#)[Waiver Attachment-More  
than 2 under 2](#)[Request for Foster Home  
Waiver](#)

## Extraordinary Needs - s.409.1676(2a)

Does the child meet criteria for extraordinary needs as described in s.409.1676(2a)? ☐If yes, has the child been assessed? ☐Did the assessment recommend residential group care? ☐If yes, is the child in residential group care? ☐If no, why? 

Save

Close

## Removal from Home Reasons

# Court Involvement

- If re-entry into EFC is approved, CLS or the Department's legal representative must be contacted within three days.
- Reinstatement of jurisdiction occurs within 90 days from the time the EFCVPA is signed by all parties.

# Denial of EFC

- If a CBC agency recommends denial because the young adult does not meet eligibility requirements, they send it to the Department's regional operations representative for review.
- Upon agreement of denial, the Child Welfare Professional provides the *Notice of Denial for Readmission into Extended Foster Care (CF-FSP 5410)*.

# EFC Forms

## **New Forms:**

- Extended Foster Care Agreement (CF-FSP 5432)
- Supervised Living Arrangement Assessment for Extended Foster Care (CF-FSP 5431)
- Shared Living Plan for Extended Foster Care (CF-FSP 5430)
- Extended Foster Care Voluntary Placement Agreement (CF-FSP 5377)

## **Updated Forms:**

- Notice of Denial for Readmission into Extended Foster Care (CF-FSP 5410)



# EFC Forms, cont.

- Notice of Discharge from Extended Foster Care (CF-FSP 5376)

## **Existing Forms:**

- My Pathway to Success Plan form (CF-FSP 5425)
- My Decision to Leave Extended Foster Care (CF-FSP 5375)
- Oral Request for Fair Hearing (CF-FSP 5381)
- Due Process Rights Brochure (CF/PI 175-74)
- Request for Fair Hearing (CF-FSP 5830)