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<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: NA</b> <b>CFOP: NA</b>
<b>Procedure Name:</b>	Normalcy for Youth in Out-of-Home Care	
<b>Procedure Number:</b>	OP-1013	
<b>Revision #/Date:</b>	(1)8/19/10	
<b>Effective Date:</b>	9/10/08	
<b>Applicable to:</b>	All BFP Staff and Contracted Providers	

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**PURPOSE:** Establishes the decision support framework for primary caregivers and staff to ensure normalcy for children in out-of-home care.

**PROCEDURE:**

**References**

FS 409.1451, FAC 65C-13, 65C-28 and 65C-31

**Overview**

a. **Agency Responsibilities:**

- a. Provide a youth the opportunities to participate in life skills in their licensed out-of-home placement and communities that are reasonable and appropriate for their ages and taking into consideration any special needs the youth have.
- b. Provide services to build life skills and increase ability to live independently and become self-sufficient.
- c. Support opportunities for participation in age-appropriate activities.
- d. Work closely with youth to set early achievement and career goals for educational and employment experiences.

b. **Decision Making Roles and Responsibilities:**

- a. **Substitute Caregiver:** The substitute caregiver has the primary decision making authority surrounding the activities of a youth placed into the home. If support is needed in making decisions, the Child Placing Agency and the child's Primary Worker will provide support in the decision making process. The substitute caregiver shall provide the child with opportunities for normal growth and development.
  - (1) Substitute Caregiver will provide supervision, structure and daily activities designed to promote the youth's physical, social, intellectual, spiritual, and emotional development of the youth in their home according to each youth's age and developmental level.



- (2) Substitute Caregiver will assist the youth in performing tasks and developing skills, which will promote their independence and the youth's ability to self care.
  - b. Youth: The youth will be provided the opportunity to understand the importance of connections and stability while in their out-of-home placements and the opportunities availed to them to seek out participation in healthy childhood activities and experiences.
  - c. Primary Worker: The Primary Worker should provide support to the substitute caregiver and encourage the participation of the parent in decisions regarding their child. The Primary Worker will keep all team members aware of the youth's activities and encourage normalcy activities for the youth. The Primary Worker should also provide direct support to facilitate the youth's enrollment in extra-curricular activities to support their social and age-appropriate development.
  - d. Parent: The parent should be encouraged to participate in appropriate decision making activities regarding their youth. This activity should be facilitated by the Primary Worker.
  - e. Family Team Conference (FTC): The family team can be used to address the social domain of a youth's life and determine the level of flexibility that can be afforded to the youth while in the care of a substitute caregiver. The FTC setting is an option for decision making surrounding normalizing activities for the youth. In this setting, the youth, substitute caregiver, parent and primary worker will all have voice in this decision making.
- c. Normalcy Plan Requirement:
- a. The Youth, Substitute Caregiver and the Primary Worker will collaborate to create and develop a written plan that outlines age-appropriate activities, supervision, responsibilities and life skills development for youth and the authority of the substitute caregiver.
  - b. The Normalcy Plan will include specific goals and objectives and will be reviewed and updated no less than quarterly (every 90 days).
    - (1) The Normalcy Plan is required for all youth in licensed out-of-home placement age 13 and older.
    - (2) A written Normalcy Plan is due within 30 days of the youth's placement into licensed out-of-home care. This includes all placement changes and/or movements of the youth.
    - (3) The Normalcy Plan will be filed with the court and copies provided to all parties., including the 'Receipt Verification Letter' signed by the youth.
  - c. The Educational and Career Plan will support the written Normalcy Plan. The Educational and Career Plan is required for youth who have reached the age of 13 years and this plan must be included in the case plan and reviewed at each Judicial Review. The Educational and Career Plan will be reviewed and updated on an annual basis.

d. Requirements Supporting Normalcy:

- a. The Substitute Caregiver, Child Placing Agencies and Primary Worker will support the implementation and development of all youth in out-of-home care ability to be provided the opportunities for normal growth and development through the ability to participate in age-appropriate activities and normal childhood activities.
- (1) All parties will use 'prudent parenting' in the development of the Normalcy Plan for youth. Each Normalcy Plan will include a description of the Safety Plan; such as expectations while the youth is unsupervised in the community for longer than 1 hour; to promote child safety and well-being.
  - (2) Examples of age-appropriate activities and normal childhood activities that can be addressed in the child's Normalcy Plan include:
    - (a) Cell Phone access and usage – the substitute caregiver may determine whether the youth is able to access and use their cell phone dependent upon what is the 'normalized' privileges of the home.
    - (b) Telephone access and usage – a telephone must be available for private and open communication with the parent/siblings/family members (unless otherwise noted on current court order), case management agency, Brevard Family Partnership personnel, Guardian-ad-Litem and/or the Florida State Abuse Hotline.
    - (c) Outings and dating – the substitute caregiver may allow the youth to participate in outings and dating; however, the substitute caregiver will use 'prudent parenting' prior (contacting the parents/caregivers of the date, information of where the youth is going, time of arrival and/or departure, etc.) to allowing the participation and it must be included in the youth's Normalcy Plan.
    - (d) Overnight stays – a youth placed in licensed out-of-home care can not be permitted to spend more than (1)-one night consecutively outside of their placement.
    - (e) Allowance
    - (f) Opportunity to obtain learner's permit/driver's license and ID card
    - (g) Daily Living Skills (nutrition, menu planning, grocery shopping)
    - (h) Self Care Skills (hygiene, health, alcohol & drug, parenting)
    - (i) Employment (resume writing, interpersonal skills)
- b. Each agency will adhere to the August 31, 2005 memo drafted by Department of Children and Families Secretary Lucy Hadi outlining Normalcy for children in out-of-home care.



BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:

A handwritten signature in black ink, appearing to read "Patricia Nellius-Guthrie", written over a horizontal line.

DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
Brevard Family Partnership

APPROVAL DATE: 10/4/10

Date of Initial Normalcy Plan:	_____
Date of 1 <sup>st</sup> Update/Review of Plan:	_____
Date of 2 <sup>nd</sup> Update/Review of Plan:	_____
Date of 3 <sup>rd</sup> Update/Review of Plan:	_____

## TEEN NORMALCY PLAN

**Youth Name:** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_

Florida law has maximized the authority of foster parents/caregivers to approve participation in age-appropriate activities of teens by requiring a written plan for such activities. A plan is now required for all youth aged 13 to 17 in licensed care. The **Teen Normalcy Plan** must be developed in collaboration with the youth, dependency care manager, and caregiver. The assigned Independent Living Specialist, Guardian ad Litem and others may also participate in the development. The Plan is to describe the agreed upon responsibilities of the youth and the agreed upon activities the youth will be allowed to engage in. Each Plan is specific to the individual youth and must be reviewed and/or updated every ninety days. The Plan must be filed with the Court.

**Florida Statute 409.1451 (3)(a) F.S. states that foster parents, family foster homes, residential child-caring agencies, or other authorized caregivers who have developed a written plan as described shall not be held responsible under administrative rules or laws pertaining to state licensure or have their licensure status in any manner jeopardized as a result of the actions of a youth engaged in the approved age-appropriate activities specified in the written plan.**

### **I. RESPONSIBILITIES/TASKS OF YOUTH**

Every youth should have the responsibility to complete tasks that are age appropriate. These tasks should be modeled and supervised by the caregiver. These responsibilities/tasks may be identified as needs based on the youth's assessments. By the youth being able to successfully complete tasks in the home it will promote independence and self respect. Successful completion or accomplishment of responsibilities/tasks should be observable, measurable and obtainable. Responsibilities/tasks should build on each other.

**Some suggested responsibilities: homework, bed made, dishes, laundry, pet care, personal hygiene, etc.**

Responsibility/Tasks of the Youth	How Often (daily, weekly, monthly)

### **II. ACTIVITIES AND SUPERVISION:**

When the youth demonstrates responsibility by maintaining positive behaviors at home, school and in the community, then **the licensed care provider has the opportunity to approve** the following activities if appropriate for the youth. The caregiver will use 'prudent' parenting when making any decisions for the youth's normalized activities. *(Consider any dependency and/or delinquency court orders that may affect the ability of the youth being unsupervised and/or contact with family, friends, etc.)*

Some suggested activities (time frames will be negotiated and agreed upon)

- Participate in after school academic or sports programs
- Participate in activities with friends & peers (movies, shopping, attend school events, dating) without adult supervision.
- Youth can spend the night with caregiver approved friends from school, church, or other social group (not to exceed more than 1 overnight stay) *–the caregiver will communicate with the other adult prior to the youth's overnight visit.*

- Participate in unsupervised activities, including dating as long as the licensed caregiver verifies friends/dates are from school, church, or other approved social group
- Participate in unsupervised school functions such as homecoming and prom
- Ride public transportation (youth must show understanding of the public transportation system and be able to read the public transportation bus routes).
- Seek, obtain and maintain employment (part-time or full-time)

**List of Activities** (extracurricular, social and community activities, employment or other activities)

List of Activities	Time Frame

**Supervision**

**Safety Plan for unsupervised extracurricular, social and community activities:**

- Youth will telephone licensed caregiver during unsupervised activities
  - Every hour
  - At arrival and departure of the event
  - As directed by the licensed caregiver: \_\_\_\_\_
- Youth will not deviate or change scheduled/planned unsupervised activities without the approval of the licensed caregiver.
- Youth will telephone the licensed caregiver when they feel threatened or unsafe.
- Youth will communicate address/contact information prior to any unsupervised and/or overnights.

**III. INDEPENDENT LIVING LIFE SKILLS DEVELOPMENT**

It is important that each youth in licensed out-of-home placement have the opportunity to obtain and learn basic life skills that will promote their development, maturity and self-sufficiency. The following are a list of Independent Living Life Skills Development opportunities that will assist the youth in obtaining that goal. Some of these listed Life Skills will be formal trainings; however, most will be mentoring opportunities between the caregiver and the youth to teach and practice various life skills. *(Please check at least one in each of the 3 areas that will be worked on over the next 90 days – provide the date completed if it was a group/training opportunity).*

**Daily Living Skills** (such as developing menus; grocery shopping; preparing snack/meal/lunches; cleaning the kitchen and dishes at the end of the meal; food storage; learning how to wash kitchen floor, clean bathroom, vacuum/dust, laundry, ironing, etc.)

- |                                                                         |                                                                    |                                                                    |                                                                    |
|-------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Nutritional Awareness<br>Date Completed: _____ | <input type="checkbox"/> Menu Planning<br>Date Completed: _____    | <input type="checkbox"/> Grocery Shopping<br>Date Completed: _____ | <input type="checkbox"/> Meal Preparation<br>Date Completed: _____ |
| <input type="checkbox"/> Laundry<br>Date Completed: _____               | <input type="checkbox"/> Household Upkeep<br>Date Completed: _____ | <input type="checkbox"/> Other _____<br>Date Completed: _____      | <input type="checkbox"/> Other _____<br>Date Completed: _____      |

**Self-Care Skills** (such as personal hygiene, discussion with caregiver or other trusted adult about drugs/alcohol/tobacco, responsible sexuality, relationships, preparation for parenting, first aid, physical fitness, taking medication, preparing for a doctor’s visit, etc.)

- |                                                                         |                                                             |                                                                   |                                                                |
|-------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Health Care Education<br>Date Completed: _____ | <input type="checkbox"/> First Aid<br>Date Completed: _____ | <input type="checkbox"/> Substance Abuse<br>Date Completed: _____ | <input type="checkbox"/> HIV/STD Info<br>Date Completed: _____ |
|-------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|

Tobacco Education  
Date Completed: \_\_\_\_\_

Sexuality Issues  
Date Completed: \_\_\_\_\_

Parenting Skills  
Date Completed: \_\_\_\_\_

Other \_\_\_\_\_  
Date Completed: \_\_\_\_\_

**Money Management Skills** (such as budgeting own allowance/spending money, paying bills, visiting a bank, working with caregiver or other trusted adult to develop a budget, opening a checking and savings account, filing taxes, etc.)

Budgeting Skills  
Date Completed: \_\_\_\_\_

Banking Account  
Date Completed: \_\_\_\_\_

Filing Income Taxes  
Date Completed: \_\_\_\_\_

Paying Bills  
Date Completed: \_\_\_\_\_

Applying for Public Assistance  
Date Completed: \_\_\_\_\_

Other \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Other \_\_\_\_\_  
Date Completed: \_\_\_\_\_

#### **IV. OTHER CONSIDERATIONS/REQUIREMENTS**

Please check the items below that the youth currently (during this 90-day period) is accessing or receiving.

- Have a cellular phone and use telephone unsupervised/privately
- Access to a computer and the use the internet (accessing websites such as 'My Space' and 'Facebook')
- Opportunities to obtain a learner's permit and/or driver's license
- Receiving Monthly Allowance (required)

#### **V. ACKNOWLEDGEMENT**

In signing this Teen Normalcy Plan, I acknowledge:

- I have participated in the development of this Teen Normalcy Plan.
- I understand that opportunities to participate in unsupervised extracurricular, social and community activities depends on my ability to maintain positive behaviors at home, school and in the community; and my licensed caregiver has the final decision making ability.

\_\_\_\_\_  
Signature of Youth Date in Effect

\_\_\_\_\_  
Signature of Foster parent(s) or Caregiver(s) Date in Effect

\_\_\_\_\_  
Signature of Care Manager Date in Effect

\_\_\_\_\_  
Signature of CMA Supervisor Date

\_\_\_\_\_  
Signature of Others Date

\_\_\_\_\_  
Signature of Others Date

Copies to be provided to: care manager, youth, caregiver, IL specialist, GAL, Court

BFP 07/2010

**Add on Additional Review & Update Pages as needed.**

## REVIEW & UPDATE #1:

*Quarterly (every 90-days) Normalcy Plan reviews and updates will be included on the following pages. No more than 3 quarter updates shall be included; after 12 months a new Normalcy Plan will be developed.*

✓ *Any ADDITIONS to the Plan will appear on these next pages.*

✓ *Any DELETIONS to Responsibilities/Tasks and Activities/Supervision will be denoted by a line through the statement, initial by Youth, Caregiver & DCM and dated on the previous pages.*

1<sup>st</sup> Update to Normalcy Plan – Dated: \_\_\_\_\_:

Responsibility/Tasks of the Youth	How Often (daily, weekly, monthly)
List of Activities	Time Frame

### Daily Living Skills

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

### Self-Care Skills

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

### Money Management Skills

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

In signing this Updated Teen Normalcy Plan, I acknowledge:

- I have participated in the development of this Teen Normalcy Plan.
- I understand that opportunities to participate in unsupervised extracurricular, social and community activities depends on my ability to maintain positive behaviors at home, school and in the community; and my licensed caregiver has the final decision making ability.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date in Effect

\_\_\_\_\_  
Signature of Foster parent(s) or Caregiver(s)

\_\_\_\_\_  
Date in Effect

\_\_\_\_\_  
Signature of Care Manager

\_\_\_\_\_  
Date in Effect

## REVIEW & UPDATE #2:

*Quarterly (every 90-days) Normalcy Plan reviews and updates will be included on the following pages. No more than 3 quarter updates shall be included; after 12 months a new Normalcy Plan will be developed.*

- ✓ *Any ADDITIONS to the Plan will appear on these next pages.*
- ✓ *Any DELETIONS to Responsibilities/Tasks and Activities/Supervision will be denoted by a line through the statement, initial by Youth, Caregiver & DCM and dated on the previous pages.*

2<sup>nd</sup> Update to Normalcy Plan – Dated: \_\_\_\_\_:

Responsibility/Tasks of the Youth	How Often (daily, weekly, monthly)
List of Activities	Time Frame

### Daily Living Skills

\_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Self-Care Skills

\_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_

### Money Management Skills

\_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_
  \_\_\_\_\_ Date Completed: \_\_\_\_\_

In signing this Updated Teen Normalcy Plan, I acknowledge:

- I have participated in the development of this Teen Normalcy Plan.
- I understand that opportunities to participate in unsupervised extracurricular, social and community activities depends on my ability to maintain positive behaviors at home, school and in the community; and my licensed caregiver has the final decision making ability.

\_\_\_\_\_  
Signature of Youth Date in Effect

\_\_\_\_\_  
Signature of Foster parent(s) or Caregiver(s) Date in Effect

\_\_\_\_\_  
Signature of Care Manager Date in Effect

## REVIEW & UPDATE #3:

*Quarterly (every 90-days) Normalcy Plan reviews and updates will be included on the following pages. No more than 3 quarter updates shall be included; after 12 months a new Normalcy Plan will be developed.*

- ✓ *Any ADDITIONS to the Plan will appear on these next pages.*
- ✓ *Any DELETIONS to Responsibilities/Tasks and Activities/Supervision will be denoted by a line through the statement, initial by Youth, Caregiver & DCM and dated on the previous pages.*

3<sup>rd</sup> Update to Normalcy Plan – Dated: \_\_\_\_\_:

Responsibility/Tasks of the Youth	How Often (daily, weekly, monthly)
List of Activities	Time Frame

### Daily Living Skills

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

### Self-Care Skills

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

### Money Management Skills

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

\_\_\_\_\_  
Date Completed: \_\_\_\_\_

In signing this Updated Teen Normalcy Plan, I acknowledge:

- I have participated in the development of this Teen Normalcy Plan.
- I understand that opportunities to participate in unsupervised extracurricular, social and community activities depends on my ability to maintain positive behaviors at home, school and in the community; and my licensed caregiver has the final decision making ability.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date in Effect

\_\_\_\_\_  
Signature of Foster parent(s) or Caregiver(s)

\_\_\_\_\_  
Date in Effect

\_\_\_\_\_  
Signature of Care Manager

\_\_\_\_\_  
Date in Effect

# Laws of Florida 2007-147 (Formerly Senate Bill 2114) Guidelines for Implementation

## **INDEPENDENT LIVING TRANSITION SERVICES Section 409.1451, F.S.**

- Age Appropriate Activities – exempting foster parents or caregivers from responsibility for the actions of children engaged in activities of a written plan.

## **INDEPENDENT LIVING TRANSITION SERVICES - Section 409.1451, F.S.**

1. **Purpose.** These guidelines cover the policies and procedures relative to Independent Living Transition Services for youth in the custody of the department.
2. **Scope.** These guidelines apply to all staff providing services to children in custody of the department.
3. **Authority.** Section 409.1451, F.S., Independent Living Transition Services

## **SPECIFIC PROGRAMMATIC CHANGES:**

**Age Appropriate Activities.** (Section 409.1451(3)(a) 3, F.S.) The revised provisions remove responsibility under administrative rules and law and prohibit the sanctioning of a foster parent's license as a result of actions a child engaged in activities specified in his or her written plan.

Previous requirements in law maximized the authority of foster parents to approve participation in age-appropriate activities by requiring a written plan for such activities. These written plans must be developed for children beginning at age 13 but may be and are encouraged to be developed earlier.

- **Requirement:** Develop a written plan for each youth in foster care providing the opportunity to participate in age appropriate activities and the authority to make decisions granted to the foster parent or caregiver. These plans must contain specific goals and objectives, signed by all participants.
- **Participants:** Foster parent or caregiver, the youth and the case manager.
- **Review and update requirements:** Not less than quarterly.
- **Resources:** *Normalcy for Children in the Custody of the Department* Memorandum dated June 30, 2005 and *Age Appropriate Activities and Responsibilities* document developed by the State Youth Advisory Board March 2003 in Tallahassee, Florida, Sample templates. These resources can be found at Florida's Center for the Advancement of Child Welfare Practice at <http://centerforchildwelfare.fmhi.usf.edu/>.
- **Additional Online Support and Resources:** Visit the Brevard Family Partnership website at [www.brevardfp.org](http://www.brevardfp.org)

## **Brevard Family Partnership – Operating Procedure 1013**

### Normalcy Plan Requirement:

1. The Youth, Substitute Caregiver and the Primary Worker will collaborate to create and develop a written plan that outlines age-appropriate activities, supervision, responsibilities and life skills development for youth and the authority of the substitute caregiver.
2. The substitute caregiver has the primary decision making authority surrounding the activities of a youth placed into the home.
3. The Normalcy Plan will include specific goals and objectives and will be reviewed and updated no less than quarterly (every 90 days).
  - a. The Normalcy Plan is required for all youth in licensed out-of-home placement age 13 and older.
  - b. A written Normalcy Plan is due within 30 days of the child's placement into licensed out-of-home care.
  - c. The Normalcy Plan will be filed with the court and copies provided to all parties.
4. The Educational and Career Plan will support the written Normalcy Plan. The Educational and Career Plan is required for youth who have reached the age of 13 years and this plan must be included in the case plan and reviewed at each Judicial Review. The Educational and Career Plan will be reviewed and updated on an annual basis.

Teen Normalcy Plan Receipt Verification Letter



**Brevard Family  
Partnership**

Protecting Children, Strengthening Families, Changing Lives.

Youth's Name  
Licensed Out of Home Care

Dear (Youth's Name),

**Florida Statute 409.1451 (3)(a)(3) and Brevard Family Partnership Operating procedure OP1013 (1)(b)(3) requires that a Normalcy plan be developed and updated at least every 90 days and a copy of the Normalcy Plan be provided to you.**

This letter and you're signing of this letter assists (Agency) to provide written proof to the court of your receipt of the Normalcy Plan and Notification of the next date for updating of the plan:

**Next Update By:** \_\_\_\_\_

Please sign below and please feel free to contact me with any questions related to the contents of this Plan.

\_\_\_\_\_  
Youth's Printed Name  
Individual Receiving Normalcy Plan

\_\_\_\_\_  
Youth's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Caseworker Name                      Date  
Dependency Case Manager  
Agency Name

\_\_\_\_\_  
Supervisor's Name                      Date  
Program Supervisor  
Agency Name