

Case Management

Is the child being seen every 30 days?

Yes No

If NO, why? _____

Name of Care manager currently assigned to the case _____

Are you satisfied with the level of communication between you (or the volunteer) and care management? Yes No If No, why not and what can we do or have you done to resolve it?

Placement

The Current Placement with

- Relative _____(please specify)
- Non-Relative
- Foster Care

Specify Current Level of Care for each child:

<u>Cx's Name</u>	<u>Level of Care</u>
_____	Choose an item.
_____	Choose an item.
_____	Choose an item.
_____	Choose an item.

Caregiver's names? _____

Licensing Agency of Current Placement? _____

What are the child's previous levels of care? _____

How long has the child been in the current placement? _____

Is this an adoptive placement for the child? Yes No

If yes, are there any issues with AARC, AHS, or child study? Yes No

The placement:

is appropriate and no changes are necessary

is **not** the best placement for the child and the following actions are necessary (if not an adoptive placement please be prepared to discuss what the current recruitment efforts are, whether you are satisfied with them, and how you would like to change them if not satisfied.):

Are siblings placed together? Yes No N/A

If No, is it in the children's best interest to be placed together? Yes No

If yes, what is the plan for placing the siblings together? _____

What steps are needed to complete the plan? _____

If No, why not? _____

If No, what steps are being taken or need to be taken to move towards placing the children together? _____

(For example, family therapy, individual therapy for siblings, sexual abuse counseling, sibling visits etc.)

If siblings are separated, is sibling visitation ordered? Yes No N/A

What is the court ordered frequency of visitation?

Is court ordered visitation occurring with the siblings?

Yes No If NO, why not?

Do you recommend any changes?

Yes No If YES, what changes do you recommend?

If the child(ren) is/are placed with a relative, is the relative receiving Relative Caregiver Funds?

Yes No

If NO, explain why not: _____

Psychotropic Medications

Is the child on ANY **Psychotropic medications**? Yes No

Names of all current medications and dosages: _____

Is there a court order authorizing the current medication?

Yes. Date ordered: _____ No

If yes, do we have a copy of it?

Yes No

Any known history of previous medications prescribed to child?

Action needed on Psychotropic medications:

Mental Health/Developmental Needs

Does the child have any Axis I diagnosis? Yes No

Please List: _____

Does the child have any Axis II diagnosis? Yes No

Please List: _____

What types of therapies are the child currently receiving (trauma informed, sex abuse, individual, group, family, behavior modification)? _____

How often? _____

Name, contact information, and credentials (LCSW, LMHC, BA, MSW, intern, sex abuse competent, adoption competent) of current therapists:

If this is an **APD** child, the name and contact information for the **APD Waiver Coordinator:**

Please bring the MOST RECENT copy of ALL of the following (for the attorney to keep):

- Psychological/Psychiatric Evaluation
- Suitability Assessment
- MDT staffing Notes
- Sex Abuse Evaluation

- Developmental Evaluation
- IQ
- CBHA
- Progress Notes from Child's Current Therapist

Are you satisfied with the current mental health services for the child? Yes No
 If no, how would you like to change them? _____

Other Needs

The team should also fully explore these needs of all children involved in the case. Following that discussion, it was determined that the following issues need to be addressed:

- Medical
- Educational
- Normalcy
- Independent Living

Explain: _____

Legal Needs and Rights of the Child

Do the child(ren) want to participate in court hearings?

- Yes
- No
- N/A, only if child is too young

If so, are they attending?

- Yes
- No
- N/A

Does the child(ren) meet any of the following criteria for an attorney pursuant to Section 39.01305, Fla. Stat. (2014)?

- Yes
 - No
- If YES, please select criteria below:

- (a) resides in a skilled nursing facility or is being considered for placement in a skilled nursing home;
- (b) is prescribed psychotropic medication but declines assent to the psychotropic medication;
- (c) has a diagnosis of a developmental disability as defined in Florida Statutes section 393.063;
- (d) is being placed in a residential treatment center or being considered for placement in a residential treatment center;
- (e) is a victim of human trafficking as defined in section 787.06 (2)(d).

Has an attorney been appointed? Yes No

If YES, who? _____

Is the child receiving all the benefits they are eligible for?

	Eligible	Receiving	Not Eligible
SSI/SSA (Master trust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Actions needed to address:

NEXT COURT DATE: _____ **TYPE OF HEARING:** _____