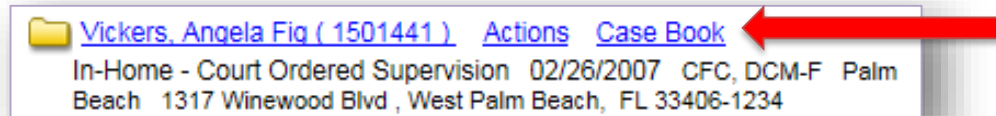
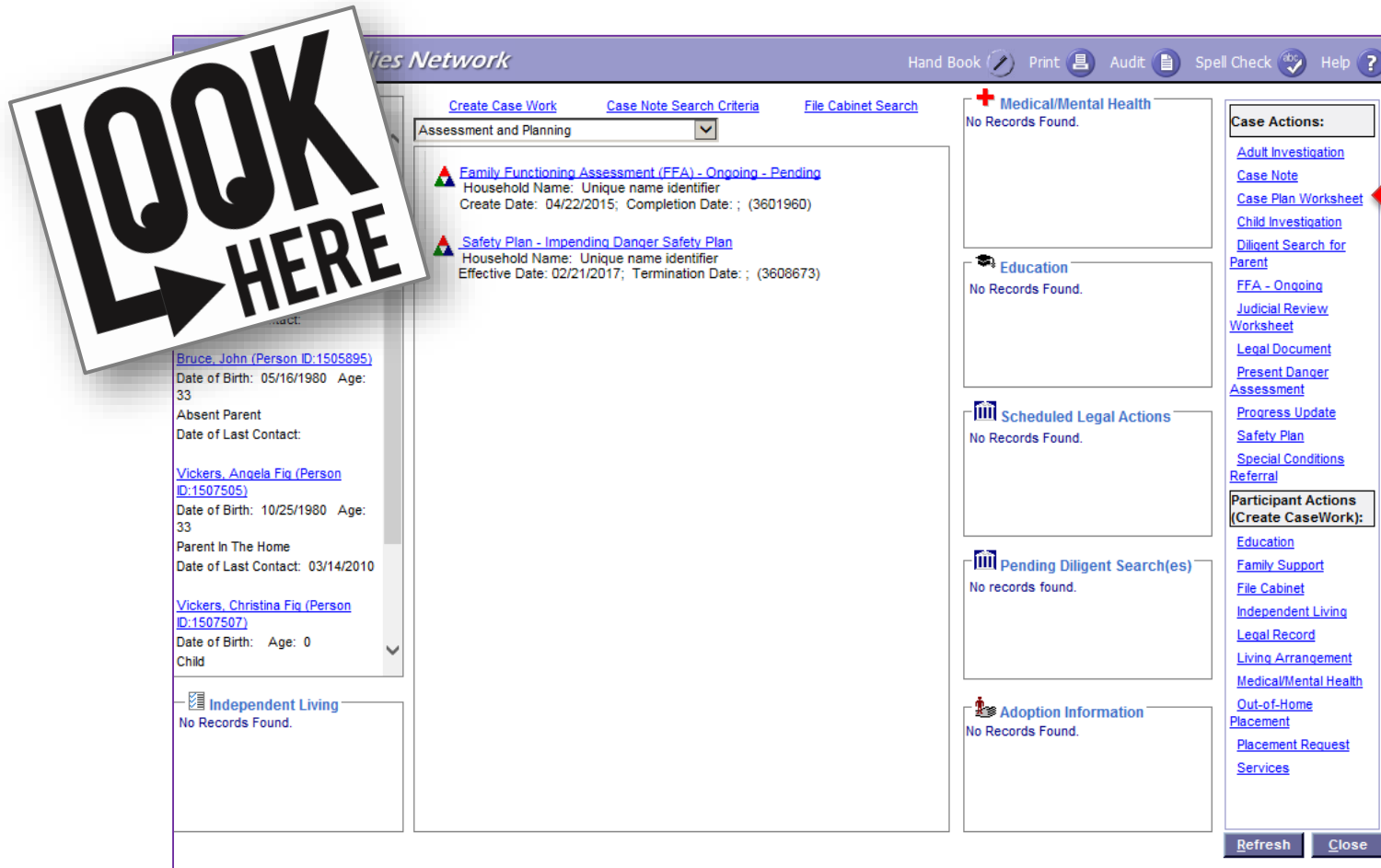


FSFN GUIDE TO CASE PLAN WORKSHEET

Step 1: After logging into FSFN, locate the desired case name and click on the **Case Book** hyperlink.



Step 2: Important: Since FSFN utilizes the information obtained from the FFA-O, in order to create a Case Plan Worksheet a FFA-O must be created. Information from the Medical and Education tabs will also populate over to the CP Worksheet. On the Case Book screen, locate and click on the **Case Plan Worksheet** hyperlink. **IMPORTANT: Always check for previously created work in the Assessment & Planning screen by selecting the dropdown option, prior to creating work.**



Step 3: Select the radial button pertaining to the desired FFA-Ongoing. Click on the Continue button.

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FFA-Ongoing / Progress Update Selection

Select	Household Name	FFA-Ongoing ID	Progress Update ID	Worker Name	Type	Approval Date	Status
☐	Unique name identifier	3601960		CFC, DCM-F	FFA-Ongoing		Pending

Continue Close

Step 4: Complete all sections of the **Participants/Family Change Strategy** tab.

Section	What needs to be done in this area?
A	Type a unique household name identifier in the Household Name text section. Utilize the dropdown options to select the Case Plan Type (Judicial or Non-Judicial). Utilize the dropdown options to select the dependency case manager.
B	If updates or edits were made to the FFA and/or Progress Update and you would like it to reflect in the CP Worksheet, just click on the update Link to populate the updates/edits into the CP Worksheet.
C	Review to ensure all the <u>Children</u> and <u>Parent/Legal Guardian(s)</u> pertinent to this CP Worksheet are included. As needed, click on the Insert button to add additional individuals or the Remove hyperlink to eliminate individuals.
D	Click on the Insert button and include all the <u>Family Supports</u> pertinent to this CP Worksheet; to utilize this feature, the individuals must be inserted in the Maintain Case Screen under the Professional/Family Support Network Contacts tab.

A

B

C

D

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Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSFN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy Visitation/Family Time/Placement Additional Child Information Summary of Child in Care Needs Protective Capacities Outcomes Attachments Actions:

Household Composition

Children

#	Participant Name	Date of Birth	Age	Action
1	Vickers, Christina Fig	10/16/2000	16	Remove
2	Vickers, Fred Fig	01/31/2007	10	Remove

[Insert](#)

Family Support Network

Participant Name	Role	Action
		Insert

Parent/Legal Guardian(s) / Other Adult Household Members in Caregiving Role

Participant Name	Date of Birth	Age	Action	Case Plan Task Summary
Vickers, Angela Fig	10/25/1968	48	Remove	Task Summary

[Insert](#)

Family Change Strategy

Danger Statement: Developed in collaboration with the family.

Family Goal: Describe how the family will be functioning when all children are safe and the family is able to independently meet the needs of their children. (Developed in collaboration with the family.)

The **Case Plan Task Summary** populates an easy to follow document outlining the caregiver's specific tasks related to their case plan outcomes.



Step 5: Complete all sections of the **Visitation/Family Time/Placement** tab.

Section	What needs to be done in this area?
A	Click the Insert button to add information regarding Visitation (parent and/or sibling) or Family Time.

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Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSFN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy **Visitation/Family Time/Placement** **Additional Child Information** **Summary of Child in Care Needs** **Protective Capacities** **Outcomes** **Attachments** **Actions:**

Visitation / Family Time

Child Name	Date of Birth	Age	Visitation With (Participant Name)	Visitation/Family Time	Who is responsible for Transportation	Action
No Records Found.						

Insert

Current Placement

Select	Child Name	Provider Name	Placement Type	Placement Begin Date	Current Removal Date	Action
No Records Found.						

Department of Revenue (DOR) Child Support

Payor	DOR Case Number	Child	Date of Birth	Child Support Obligation	Last Payment Date	Last Payment Amount
No Records Found.						

Child Support

Payor	Payee	Child	Date of Birth	Frequency	Amount	Start Date	Action
No Records Found.							

Insert



Step 6: After clicking the Insert button on the **Visitation/Family Time/Placement** tab, FSN will populate another screen. On this screen complete the following sections, then press the Continue button.

Section	What needs to be done in this area?
A	Select all the children that the visitation information applies.
B	Select all the adults that the visitation information applies.
C	If there are additional individuals involved in visitation that are not built as Case Participants or Family Supports, select <i>Other</i> and insert the information in the <i>Describe</i> box.

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Applicable Children

Select	Child Name	Date of Birth	Age
☒	Vickers, Fred Fig	01/31/2007	6

A

Visitation/Family Time With

Select	Name	Date of Birth	Age
☐	Jessica Hernandez		
☐	Loretta Vickers		
☒	Vickers, Angela Fig	10/25/1980	33
☐	Vickers, Fred Fig	01/31/2007	6

B

☐ Other

C

Describe:

Continue

Close

Step 7: FSFN will take you back to the **Visitation/Family Time/Placement** tab. On this screen complete the following sections, then click SAVE and continue to the next tab.

Section	What needs to be done in this area?
A	From the Visitation/Family Time dropdown options, select <i>Supervised</i> , <i>Unsupervised</i> , or <i>Court Ordered No Contact</i> .
B	From the Who is responsible for Transportation dropdown options, select either <i>Case Manager</i> , the actual person's name, or <i>Other</i> . If selecting <i>Other</i> , please use the <u>Describe Other</u> box to indicate whom is responsible for transportation (example: <i>Department or approved delegate</i>).
C	In the Visitation/Family Time Schedule and Restrictions section, type the frequency and duration of the visitation as it is outlined in the Court Order. Under Restrictions, type any restrictions to the visitations (persons not allowed/behaviors not allowed/etc.).

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Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSFN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960](#) [Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy **Visitation/Family Time/Placement** **Additional Child Information** **Summary of Child in Care Needs** **Protective Capacities** **Outcomes** **Attachments** **Actions:**

Visitation / Family Time

Child Name	Date of Birth	Age	Visitation With (Participant Name)	Visitation/Family Time	Who is responsible for Transportation	Action
Vickers, Christina Fig	10/16/2000	16	Vickers, Angela Fig A		 B Describe Other: 	Delete

Visitation/Family Time Schedule:

Visitation/Family Time Restrictions:

C

Insert

Text:

Step 7 Continued: Complete the **Visitation/Family Time/Placement** tab.

Section	What needs to be done in this area?
D	If the child is in an out-of-home placement, under Current Placement , select the radial button for the desired child.
E	Provide a statement concerning the strengths of the child's current placement.
F	Provide a statement concerning any issues with the child's current placement and the actions taken to remedy the issues.

D

Florida Safe Families Network

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Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSFN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960](#) [Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy **Visitation/Family Time/Placement** Additional Child Information Summary of Child in Care Needs Protective Capacities Outcomes Attachments Actions:

Current Placement

Select	Child Name	Provider Name	Placement Type	Placement Begin Date	Current Removal Date	Action
☒	Vickers, Christina Fig	Shirley CFCOAPOne	Relative Placement	02/06/2015	02/06/2015	Summary Information

What are the strengths of this placement?

E

What, if any, are the problems with the placement?

F

Is the placement the least restrictive, most family-like setting consistent with the child's best interest and special needs? If no, explain. ☐ Yes ☐ No

Is the placement in close proximity to the child's home? If no, describe efforts to place the child closer to his or her home? ☐ Yes ☐ No

Placement takes into account proximity to the school in which the child is enrolled at time of placement. If no, explain. ☐ Yes ☐ No

Text:

Step 7 Continued: Complete the **Visitation/Family Time/Placement** tab.

Section	What needs to be done in this area?
G	Select yes or no, concerning if the child is placed in the least restrictive and most family-like setting. If no is selected, provide an explanation.
H	Select yes or no, concerning if the child is placed in close proximity of the child's home (home the child resided in prior to the removal). If no is selected, provide an explanation.
I	Select yes or no, concerning if the child is placed in close proximity of the child's school. If no is selected, provide an explanation.
J	Select yes or no, concerning if the child changed schools as a result of a placement change school. If yes is selected, provide an explanation.
K	Select yes or no, concerning if the placement supports an appropriate level of contact with the parent(s). If no is selected, provide an explanation.

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSFN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy **Visitation/Family Time/Placement** **Additional Child Information** **Summary of Child in Care Needs** **Protective Capacities** **Outcomes** **Attachments** **Actions:**

Is the placement the least restrictive, most family-like setting consistent with the child's best interest and special needs? If no, explain. ☐ Yes ☒ No

G

Is the placement in close proximity to the child's home? If no, describe efforts to place the child closer to his or her home? ☐ Yes ☒ No

H

Placement takes into account proximity to the school in which the child is enrolled at time of placement. If no, explain. ☐ Yes ☒ No

I

Did the child change schools as a result of the placement change? If yes, what efforts were made to keep the child in the same school? ☐ Yes ☒ No

J

Does the placement support the level of contact to the parent that is deemed appropriate? If no, describe efforts to place the child in a placement that will support the contact with the parents. ☐ Yes ☒ No

K

Text:



Step 8: On the **Additional Child Information** tab, select the radial button for each child and update the Medical/Mental Health section and Education section. If the child is between the ages of zero to school entry, the Rilya Wilson text section will appear; type information as it relates to childcare. In addition, complete the Master Trust section. Remember to select the radial button and update all three sections for each child on the case.

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

Case Name: [Vickers, Angela Fig](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960](#) [Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy	Visitation/Family Time/Placement	Additional Child Information	Summary of Child in Care Needs	Protective Capacities	Outcomes	Attachments	Actions:
Medical/Mental Health							
☒ Vickers, Christina Fig DOB: 10/16/2000 Age: 16 Medical/Mental Health							
Summary of child's current medical, dental and/or mental health issues, treatments and diagnoses:							
☐ Vickers, Fred Fig DOB: 01/31/2007 Age: 10							
Education							
☐ Vickers, Christina Fig DOB: 10/16/2000 Age: 16 Education							
☒ Vickers, Fred Fig DOB: 01/31/2007 Age: 10 Education							
Is the child performing on grade level? If no, explain what you are doing to remediate. ☐ Yes ☐ No							
School Type: Early Childhood Program							
Current Grade Level: Preschool							
If the child is not enrolled in an educational program, which includes a licensed early education or child care program, provide an explanation below:							
Is the child currently an ESE student? ☐ Yes ☐ No							
Does the child have an education surrogate parent appointed by the district superintendent of dependency court? ☐ Yes ☐ No							
If no, and the child is an ESE student and in an Out-of-Home Placement explain why:							

[Refresh](#) [Save](#) [Close](#)



Step 8 Continued: Complete the Master Trust section.

Florida Safe Families Network

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Case Name: [Vickers, Angela Fig](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960](#) [Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy **Visitation/Family Time/Placement** **Additional Child Information** **Summary of Child in Care Needs** **Protective Capacities** **Outcomes** **Attachments** **Actions:**

If the child is not enrolled in an educational program, which includes a licensed early education or child care program, provide an explanation below:

Is the child currently an ESE student? ☐ Yes ☐ No

Does the child have an education surrogate parent appointed by the district superintendent of dependency court? ☐ Yes ☐ No

If no, and the child is an ESE student and in an Out-of-Home Placement explain why:

Master Trust

Child(ren) With Master Trust Accounts. Evaluate the ledger to confirm the information is up to date. The ledger should be exported and submitted as an attachment.

Child Name	Master Trust Type	Account Balance	Action		
Child(ren) Without Master Trust Accounts					
Child Name	Does Child need Master Trust Account Established?	If yes, Case Manager will establish on or before:	Deceased Mother	Deceased Father	Is Child Receiving SSI?
Vickers, Christina Fig	☐ Yes ☒ No	00/00/0000	No	Unknown	No
Vickers, Fred Fig	☐ Yes ☒ No	00/00/0000	No	Unknown	No

Refresh **Save** **Close**

Step 9: On the **Summary of Child in Care Needs** tab, complete the *Child Needs* and *Recommended Case Plan Permanency Goals* for each child.

Section	What needs to be done in this area?
A	Child Needs: If on the FFA/Progress Update you selected the option of including the Child's Needs that were assessed as a C or D to be included in the Case Plan, these needs will appear in this section.
B	Recommended Case Plan Permanency Goals: From the dropdown options, select the appropriate case plan permanency goal, concurrent goal, and expiration date.

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Hand Book | Print | Audit | Spell Check | Help

Case Name: [Vickers, Angela Fig](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy | Visitation/Family Time/Placement | Additional Child Information | **Summary of Child in Care Needs** | Protective Capacities | Outcomes | Attachments | Actions:

Child Functioning

How does the child function on a daily basis? Behavior, activities, with family and others, etc. Include a description of each child's vulnerability based on the threats identified.

Vickers, Christina Fig DOB: 10/16/2000 Age:16

Vickers, Fred Fig DOB: 01/31/2007 Age:10

Child Needs

☒ Vickers, Christina Fig DOB: 10/16/2000 Age:16

☐ Vickers, Fred Fig DOB: 01/31/2007 Age:10

Needs	Rating
Life Skills Development	C

Recommended Case Plan Permanency Goals

Child Name	Primary	Concurrent	Primary Goal Expiration Date
Vickers, Christina Fig	Reunification with parent(s)	Adoption	04/22/2017
Vickers, Fred Fig	Reunification with parent(s)	Adoption	04/22/2017

Refresh Save Close

A

B



Adoption
Another Planned Permanent Living Arrangement
Maintain and Strengthen placement with parent(s)
Permanent Guardianship
Permanent Placement with a fit and willing relative
Reunification with parent(s)

Step 10: On the **Protective Capacities** tab, ensure the Adult Functioning, Parenting, and Discipline Domain information copied over correctly from the FFA and/or Progress Update. If on the FFA/Progress Update you selected the option of including the CPCs that were assessed as a C or D to be included in the Case Plan, these Protective Capacities will appear in this section.

Florida Safe Families Network

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Case Name: [Vickers, Angela Fig](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy	Visitation/Family Time/Placement	Additional Child Information	Summary of Child in Care Needs	Protective Capacities	Outcomes	Attachments	Actions:
-------------------------------------	----------------------------------	------------------------------	--------------------------------	-----------------------	----------	-------------	----------

Adult Functioning

How does the adult function on a daily basis? Overall life management. Include assessment and analysis of prior child abuse/neglect history, criminal behavior, impulse control, substance use/abuse, violence and domestic violence, mental health; include an assessment of the adult's physical health, emotion and temperament, cognitive ability; intellectual functioning; behavior; ability to communicate; self-control; education; peer and family relations, employment, etc.

Vickers, Angela Fig DOB: 10/25/1968 Age:48

Parenting

General-What are the overall, typical parenting practices used by the parents/legal guardians? Discipline/Behavior Management - What are the disciplinary approaches used by the parents/legal guardians and under what circumstances?

Vickers, Angela Fig DOB: 10/25/1968 Age:48

Protective Capacities

Vickers, Angela Fig

Protective Capacities	Rating
Adaptive as a Parent/Legal Guardian	C
Plans and articulates plans for protection	C
Meets own emotional needs	C

Refresh Save Close

Step 11: On the **Outcomes** tab, click the *Add Outcome* button. Remember, you will have to click the *Add Outcome* button for each desired SMART Outcome.

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960](#) [Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy Visitation/Family Time/Placement Additional Child Information Summary of Child in Care Needs Protective Capacities **Outcomes** Attachments Actions:

Outcome

No Records Found.

Add Outcome

GOOD TO KNOW!

Important:
In Broward, please include all relevant tasks/services under one SMART Outcome per person.

Refresh Save Close

Step 11 Continued:

Using the Outcome dropdown options, select the most appropriate outcome. To note, it may be more advantageous to select the **Additional outcome**, as defined option to ensure the outcome meets the SMART criteria.

Florida Safe Families Network Hand Book Print Audit Spell Check Help

Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Fig](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Judicial ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager:

Participants/Family Change Strategy Visitation/Family Time/Placement Additional Child Information Summary of Child in Care Needs Protective Capacities **Outcomes** Attachments Actions:

Outcome

Outcome: Additional outcome, as defined.

Applies to the following Participants:

☐ Vickers, Christina Fig

☐ Vickers, Fred Fig

☐ Vickers, Angela Fig

Outcome Achievement: Est. Cost to Parent(s)(if Applicable): \$0.00

Insert

Add Outcome

Refresh Save Close

Child will be assisted in maintaining attachments to his family through visitation and other opportunities for family time.
Child will be assisted in meeting all developmental milestones (0-6 years).
Child will be assisted in achieving academic success (6-18 years).
Child will be assisted in meeting all emotional health/well-being needs, which include stability and current placement.
Child will be assisted in maintaining good physical and dental health.
Child will be assisted with major life transitions (if any).
Child will be assisted in learning skills to prepare him/her in independent living (13+ years).
Child will be assisted in preparing for adoption, if applicable.
Additional outcome, as defined.

Step 11 Continued: Complete the following Outcome sections.

Section	What needs to be done in this area?
A	SMART Outcome: Type the Specific, Measurable, Attainable, Reasonable, and Timely outcome desired for the individual. WARNING! This section is character limited so be concise.
B	Expand the triangle icon to select the individual to whom this SMART Outcome applies.
C	Outcome Achievement: Type the Specific, Measurable, Attainable, Reasonable, and Timely outcome desired for the family. You may use the same language typed in Section A: SMART Outcome.
D	If applicable, insert the estimated cost to the parent.
E	Click the INSERT button to further specify the tasks associated with the outcome. Remember, click INSERT for each task/service the individual is required to complete.

A

Outcome: Additional outcome, as defined. 

SMART Outcome created by CM 

Applies to the following Participants: 

B

☐ Vickers, Christina Fig 

☐ Vickers, Fred Fig 

☒ Vickers, Angela Fig

C

Outcome Achievement: Substance Abuse Assessment: The parent will undergo a complete substance abuse evaluation; the parent will follow all 

D

Est. Cost to Parent(s)(if Applicable): \$0.00

Terms for Estimated Cost to Parent(s):

E

Step 11 Continued:

Once you have clicked on INSERT (*Number 5 from previous page*), new sections will appear. Please complete the following Outcome sections. Important: if there are multiple tasks associated with the SMART Outcome, you must click the INSERT button to add them.

Number	What needs to be done in this area?
1	Who: Select the individual to which this task pertains.
2	Actions/Tasks: Type the specific actions or tasks that are required in order to achieve the SMART Outcome.
3	Estimated Completion Date: Insert the estimated goal date for task achievement.
4	Responsible Party for Cost: Type the name of the individual or entity that is responsible for payment.
5	Location of Delivery of Services: Identify the provider.
6	Date of Referral: Insert the date the referral for the task was made.
7	Service Referral Request Needed: Select the appropriate answer concerning if a referral was made for the task.
8	Frequency of Service: Frequency of the service; i.e.: daily, weekly, monthly, to be determined by the provider, or executed randomly.
9	Provider: Utilize the Search hyperlink to insert the provider information. IMPORTANT: Although you may type in the Provider text section, it is character limited and may produce errors if the character limit exceeds the limit.

1

2

3

4

5

6

7

8

9

Who	Actions/Tasks	Estimated Completion Date	Responsible Party for Cost	Location of Delivery of Services	Date of Referral	Service Referral Request Needed?	Frequency of Service	
Vickers, Angela Fig	Substance Abuse Assessment	04/01/2015	Parent	DAF: 400	00/00/0000	No	To be determi	Delete
Provider:				Search		Service Category: Assessment & Evaluation		
Sub-Service Category: Substance Abuse Assessment				☐ Task Completed				

Step 12: On the **Attachments** tab, select whether the named attachment is attached or not attached to the CP Worksheet; if the document is not attached, an explanation must be provided in the *Reason* section. Click the SAVE button.

Step 13: If the CP Worksheet is a *Non-Judicial Case Plan Worksheet (In-Home or Out-of-Home)*, click the hyperlink to populate and print the CP Worksheet. Have the family sign the CP Worksheet and upload the document into the filing cabinet.

Florida Safe Families Network

Hand Book / Print / Audit / Spell Check / Help ?

Case Information

Household Name: Unique name identifier

Case Name: [Vickers, Angela Flo](#) FSN Case ID: 1501441 FFA-Ongoing/Progress Update ID: [3601960 Update Link](#) Case Plan Worksheet ID: 3601780

Worker Name: CFC, SUP-F Case Plan Type: Non-Judicial In-Home ☐ Include Substitute Caregiver Responsibilities Date Modified: 02/21/2017

Dependency Case Manager: [v]

Participants/Family Change Strategy **Visitation/Family Time/Placement** **Additional Child Information** **Summary of Child in Care Needs** **Protective Capacities** **Outcomes** **Attachments** **Actions:**

Medical/Mental Health

Medical Records ☒ Attached ☐ Not Attached Reason: [v]

Mental Health Records ☒ Attached ☐ Not Attached Reason: [v]

Immunization Records ☒ Attached ☐ Not Attached Reason: [v]

Dental Records ☒ Attached ☐ Not Attached Reason: [v]

Education

Report Cards ☒ Attached ☐ Not Attached Reason: [v]

Individual Education Plan (if applicable) ☒ Attached ☐ Not Attached Reason: [v]

Other school records ☒ Attached ☐ Not Attached Reason: [v]

Day Care Attendance Records (if applicable for Rilya Wilson Act) ☒ Attached ☐ Not Attached Reason: [v]

Independent Living

Pre-IL Assessment (if applicable based on age at time of JR) ☒ Attached ☐ Not Attached Reason: [v]

Independent Life Skills Assessment (applicable based on [v])

Text:

[Non-Judicial In-Home Case Plan](#)

Refresh Save Close

Step 14: To populate and print the [Judicial Case Plan Worksheet](#). Return to the Case Book screen, locate and click on the **Legal Document** hyperlink from the Case Actions section.

The screenshot shows the Florida Safe Families Network Case Book interface. On the left, a list of participants is displayed, including Christina Fig (ID: 3626166), Bruce John (ID: 1505895), and Vickers, Angela Fig (ID: 1507505). The main area shows a search for 'Legal' documents with no records found. On the right, the 'Case Actions' section is highlighted with a large white arrow pointing to the 'Legal Document' link. Other links in this section include Adult Investigation, Case Note, Case Plan Worksheet, Child Investigation, Diligent Search for Parent, FFA - Ongoing, Judicial Review Worksheet, Present Danger Assessment, Progress Update, Safety Plan, Special Conditions Referral, and Participant Actions (Create CaseWork). The bottom of the screen has 'Refresh' and 'Close' buttons.

Step 15: On the Legal Documents screen, locate and click on the **CREATE** button.

The screenshot shows the Florida Safe Families Network Legal Documents screen. At the top, it displays 'Case Information' with 'FSFN Case ID: 1501441' and 'FSFN Case Name: Vickers, Angela Fig'. Below this is a table with columns for 'Legal Document Name', 'Court Case Number', 'Date Created', and 'Status'. The table is currently empty. At the bottom right, there are 'Create' and 'Close' buttons. A large red arrow points to the 'Create' button.

Step 16: Complete the following sections.

Section	What needs to be done in this area?
A	Under General Information dropdown: Select <i>Court Involved Case Plan</i> . From the dropdown, select the dependency case manager.
B	Under Case Plan Worksheet ID: Select the desired, previously created CP Worksheet.
C	Under County: Select the appropriate county.
D	Under Case Participant and Professional Contacts: Select all the individuals that this CP Worksheet applies.
E	Select the <i>Text</i> hyperlink to populate and print the CP Worksheet. <i>WARNING! Once approved by the judiciary, send the legal document for approval to lock the information; this will prevent information from being overridden by subsequent worksheets created.</i>

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

General Information

FSFN Case Name: Vickers, Angela Fig Worker Name: CFC, DCM-F

Document: **Court Involved Case Plan**

Invs/Assessment Number:

Dependency Case Manager:

Case Plan Worksheet ID

Select	Case Plan Worksheet ID	Create Date	Completed Date
☒	3601780	04/22/2015	

Judicial Review Worksheet ID

Legal Action:

County: **Palm Beach**

Circuit: 15

Court Case Number(s):

Tribal Contact:

Other Contact:

Magistrate:

Judge:

Citizen Review Panel:

Case Participant and Professional Contacts

Name	Document Applies To	Role
Cocina, Juan	☒	Paramour To Caregiver
Vickers, Angela Fig	☒	Parent In The Home
Vickers, Fred Fig	☒	Child
Vickers, Christina Fin	☒	Child

Actions:

[Approval](#)

E

Text:

[Text](#)

WARNING

Only **APPROVE** once approved by the judiciary and to lock the information!

Save Close

Step 17: The Judicial CP Worksheet can be readily accessed later by using the **Legal** dropdown option on the Case Book screen.

The screenshot shows the 'Families Network' Case Book interface. A red arrow points to the 'Legal' dropdown menu in the 'Create Case Work' section. A callout box with the text 'LOOK HERE' and an arrow points to the dropdown. The interface includes a top navigation bar with links like 'Hand Book', 'Print', 'Audit', 'Spell Check', and 'Help'. The main content area is divided into several sections: 'Active Participants' on the left, 'Legal Documentation' in the center, and various search criteria and actions on the right. The 'Legal Documentation' section shows a 'Court Involved Case Plan' dated 12/19/2014. The right sidebar contains a 'Case Actions' list with links such as 'Adult Investigation', 'Case Note', 'Case Plan Worksheet', 'Child Investigation', 'Diligent Search for Parent', 'FFA - Ongoing', 'Judicial Review Worksheet', 'Legal Document', 'Present Danger Assessment', 'Progress Update', 'Safety Plan', 'Special Conditions Referral', and 'Participant Actions (Create CaseWork)'. At the bottom right, there are 'Refresh' and 'Close' buttons.

LOOK HERE

Families Network

Hand Book | Print | Audit | Spell Check | Help

[Create Case Work](#) | [Case Note Search Criteria](#) | [File Cabinet Search](#)

Legal

Legal Documentation
Court Involved Case Plan 12/19/2014

Active Participants

[fev_tina_fig \(Person ID:3626166\)](#)
Date of Birth: 03/15/1985 Age: 29
Date of Last Contact:

[Bruce, John \(Person ID:1505895\)](#)
Date of Birth: 05/16/1980 Age: 34
Absent Parent
Date of Last Contact:

[Vickers, Angela Fig \(Person ID:1507505\)](#)
Date of Birth: 10/25/1980 Age: 34
Parent In The Home
Date of Last Contact: 03/14/2010

[Vickers, Christina Fig \(Person ID:1507507\)](#)
Date of Birth: Age: 0
Child

Medical/Mental Health
No Records Found.

Education
No Records Found.

Scheduled Legal Actions
No Records Found.

Pending Diligent Search(es)
No records found.

Adoption Information
No Records Found.

Case Actions:

- [Adult Investigation](#)
- [Case Note](#)
- [Case Plan Worksheet](#)
- [Child Investigation](#)
- [Diligent Search for Parent](#)
- [FFA - Ongoing](#)
- [Judicial Review Worksheet](#)
- [Legal Document](#)
- [Present Danger Assessment](#)
- [Progress Update](#)
- [Safety Plan](#)
- [Special Conditions Referral](#)

Participant Actions (Create CaseWork):

- [Education](#)
- [Family Support](#)
- [File Cabinet](#)
- [Independent Living](#)
- [Legal Record](#)
- [Living Arrangement](#)
- [Medical/Mental Health](#)
- [Out-of-Home Placement](#)
- [Placement Request](#)
- [Services](#)

Refresh Close

Still need more assistance? [Click here](#) for an informative webinar.