

Teen/Normalcy Plan

The Normalcy Plan is a written plan that outlines the responsibilities and age appropriate activities developed for each youth ages 13-17 in licensed foster care. The plan must be **developed together with the youth, caregiver, and case manager**. Each normalcy plan is specific to the individual youth and must be **reviewed and updated every ninety days**.

Youth: _____ DOB: _____ Age: _____

Has the purpose of the Normalcy Plan been explained to all of the parties?

Yes No

Has the Florida Legislative change limiting liability to foster parents/caregivers been explained to the provider?

"Foster parents or caregivers who have developed a written plan shall not be held responsible under administrative rules or laws pertaining to state licensure to have the licensure status in any manner jeopardized as a result of the approved age-appropriate activities specified in the written plan."

Yes No

Did the youth, caregiver, and case manager all participate in the development of this plan?

Yes No

If no, explain: _____

Does the youth have a regular allowance?

Yes No

If yes, how much is the allowance? _____

What is the curfew time for weekdays: _____ and weekends: _____

Does the youth have a mentor?

Yes No

If no, is the youth interested in having a mentor? Yes No

Responsibilities:

Chores

- Clothes and other items should put away
- Bed will be made each day
- Wash dishes _____ times per week
- Take out trash
- Help with food shopping/menu planning

- Feed pets
- Vacuum/Sweep
- Yard work
- Other: _____

School

- Complete assigned homework every day
- Attend school every day with no unexcused absences
- Other: _____
- Participate in tutoring

Personal care

- Bathe daily and brush teeth daily
- Wash and dry laundry
- Take medications on own or other medical care
- Other: _____

Independent Living

- Attend Staffings and court hearings
- Participate in Life Skills Trainings
- Communicate with case manager about career and educational plans
- Other: _____

Activities:

What school, church, or other extracurricular activities or clubs is the youth currently (or would like to be) involved in?

Activity	Currently Involved	Would like to be involved

What individual, age-appropriate activities does the youth desire to participate in (dating, school activities, field trips, overnight stays, employment, volunteer activities, driver's education, etc)?

Activity	Action Required to Achieve Goal	Currently Participating	Desires to Participate

Does the youth understand that if the responsibilities are not met then privileges and/or activities may be suspended or terminated?

Yes No

Does the caregiver understand that it is their responsibility to monitor and implement this plan?

Yes No

Does the youth have any behavioral or physical disabilities that prohibit the youth from participating in the youth responsibilities?

Yes No

If yes, please list the disability: _____

Do all parties understand that this plan must be reviewed and updated every ninety days?

Yes No

This plan has been fully explained to the youth and the youth has had the opportunity to ask questions to fully understand the document.

Yes No

Youth Signature Date

Case Manager Signature Date

Caregiver Signature Date

Case Manager Printed Name/Agency

Caregiver Printed Name

Other Date