State of Kansas Department for Children and Families Prevention and Protection Services

## **Self-Sufficiency Plan**

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Case Na	ame:	FACTS Case #:								
Roomm	nates/Child(ren):									
Local D	Local DCF Office: DCF IL Coordinator:									
Case Pla	Case Planning Conference Date: Previous Case Planning Conference From:							to:		
Case Pla	an is effective from:				to:					
	last completed Self- ncy Matrix (SSM):									
Current	Current Summary of Youth/Young Adult's Progress:									
Youth/Y	Young Adult Strengths and Resource	sç.								
Toung Adult Siteliguis and Resources.										
Has a State or Federal Court of competent jurisdiction adjudicated this youth/young adult as delinquent in the custody of Kansas Department of Corrections-										
Services?  Yes No If yes, date:										
Highest	Highest grade completed (K-12, post-secondary, etc.):									
If youth	If youth/young adult has graduated/completed their GED, enter date this occurred:									
A. Self-Sufficiency Goal is Maintain at Home (MFM) Service Type: Self-Sufficiency (SS)										
	s to be Provided (check all that app									
Ed	Subsidy/ lucational Plan		Basic (		gement/	]   Tun	tion Waiver	Waiver Foster Family Transition Service		
Self- Su	afficiency Objective(s) (at least 1-no	more than 3):								
Independent Living Services to be Provided:					Housing Educat	ducation IL08N				
	Special Education	IL01N			Health Education and Risk Prevention IL09N					
	Needs Assessment	IL02N			Family Support	ort and Marriage Education IL10N				
	Academic Supports	IL03N			Mentoring	ntoring IL11N				
	Post-Secondary Education Support	IL04N			Supervise Indep	enden	lent Living IL12N			
	Career Preparation	IL05N			Room and Boar	rd Fina	Financial Assistance IL13N			
	Employment or Vocational Program	ns IL06N			Education Finar	Education Financial Assistance IL14N				
	Budget and Financial Management	IL07N			Other Financial	Assist	ance	IL15N		
Task	# Measurable Short-T	erm Tasks toward Ac	hievement of	Self S	Sufficiency		Responsible P	erson/Agency	Target Date	
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B. Complete ONLY if ETV eligible								
If youth/young adult plans to engage in an ETV plan while attending a post-secondary institution or training program, is form PPS 7001 ETV Program Plan attached? The PPS 7001 shall be reviewed, updated, and approved at every case plan or when circumstances change. ETV verification must be from the DCF IL Coordinator.								
C. Self-Sufficiency Plan Participants								
By signing this plan, I am indicating that I agree to comply with this plan as written. I understand that failure to meet or progress towards the goals identified in this plan and maintain communication with my IL Coordinator may result in a delay and/or denial of payments and/or services. I also understand that continued non-compliance or lack of progress on my part toward my self-sufficiency goals may result in the closure of my Independent Living case.  Youth/Young Adult Signature:  Date:								
Signatures	Date	Signatures	Date					
*IL Supervisor:		*DCF IL Coordinator:						
Mentor:		Other Participant:						
*By signing above, I verify eligibility and approve services for youth/young adult.*	this	*By signing above, I verify eligibility and approve services for this youth/young adult.*						

