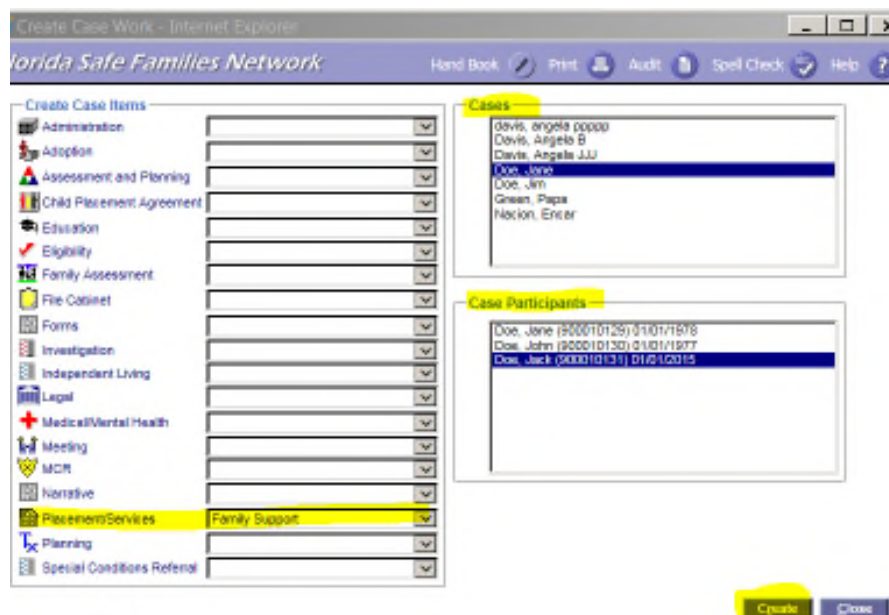


# Creating a Family Support Placement

1. Verify that you are assigned to the case
2. Select Case Work at the top of the FSFN Banner bar



3. Under Placement/Services, select Family Support
4. Under Cases, select the case name
5. Under Case Participants, select the applicable child
6. Click Create



7. Enter Family Support Type- Per CFOP 170-01, Chapter 4 this should always be **Prevention**.
8. Enter the **Begin Date** which is defined as the date the family agrees to engage in services as verified by the service provider. This can be edited later since the Family Support Placement should be opened as soon as the case is referred.
9. Enter the **Referral Type** which will be **Investigations** in most circumstances.
10. Select the **Intake Number** associated with the referral.
11. Select the **Primary Caregiver**
12. Select the **Secondary Caregiver**, if applicable
13. Enter **Status Begin Comments** which will include a brief summary of the reason for the referral and the recommendations from the assessment. It will include services to be provided and expected outcomes. This can be edited later since the Family Support Module should be opened as soon as the case is referred.

## Creating a Family Support Placement (continued)

### 14. Click Save

Family Support - Internet Explorer

**Florida Safe Families Network**      Hand Book    Print    Audit    Spell Check

Child  
Child: Doe, Jack      Case Name: Doe, Jane      Family Support Type: Prevention      Risk Level:      ☐ Completed

Status Begin  
Begin Date: 10/17/2018      Referral Type: Investigations      Intake Number:        
Primary Caregiver: Jane Doe      Secondary Caregiver: John Doe

Status Begin Comments  
The family was referred due to ongoing issues with the cleanliness of their home and difficulties parenting a teenage child. The family will has agreed to visits 2 times a week to receive training on housekeeping and parenting skills.

Risk Factor Summary

Assessment Type	Assessment Date	Risk Level	Total Number of Risk Factors
<input type="button" value="Insert"/>			

Status End  
End Date: 00/00/0000      Ending Reason:      Intake Number:        
Status Ending Comments:

### 15. Repeat for all children receiving services

## Reviewing the Closed Investigation and Creating a Primary Assignment

1. Verify the date the investigation was closed

Cases

**Davis, Angela Roscoe (1002523)** Actions Case Book

Out-of-Home - Court Ordered 02/27/2007 SuperUser, rob g Escambia 300 Jones Drive, Tallahassee, FL

Related People

Intakes

Assignment

Education

Family Assessment

Income/Eligibility

Interim Child Information

**Investigation**

Child Investigation In-Home Closed 03/08/2007 2007-103095-01 02/08/2007 8:00 AM Escambia Aldridge, Elena P 011PS2-FAM SAF-PROT SVC-ESCAM

2. Verify that the child was determined to be safe but high or very high risk at closure.

Investigation - Internet Explorer

Florida Safe Families Network

Hand Book Print

Case Information

Case Name: Case ID: Investigation Status: Closed Status Date: 06/06/2017 Intake Number: 2017-01 Initial Face-to-Face Cont: 04/07/2017 5:10 PM

Investigative Sub Type: R/T: 24 Hours Date: 06/07/2017 Initial HCC Decision Date: 04/07/2017 Time: 12:35 AM PM Special Handling:

County: Santa Rosa

Intakes Basics Participants Allegations/Findings Contacts/Notifications Prior Intakes and Investigation/Referrals **Investigation**

Results

Determination: Closing Services

Risk Assessment Summary

Total Neglect Score: 6 Scored Risk Level: High

Total Abuse Score: 0 Final Risk Level: High

Date Last Updated: 06/06/2017 Last Updated By: SPANKI, SCOTT

Maltreatment and Nature of Maltreatment

What is the extent of the maltreatment? What surrounding circumstances accompany the alleged maltreatment, precipitating events, history?

The household consist of: (3-AP-Father) (3-IV) (11-V) and (3-V)

Summary of Allegations

It is alleged that the father works at night and leaves the children alone. The grandmother checks on the children while the father is at work. There is very little food in the home because the father does not have food assistance (EBT).

Maltreatment

Child Safety Determination and Summary

At the completion of the investigation and assessment, based upon the information currently available, reviewed, collected, assessed and analyzed:

Safe

3. Change primary assignment from the CPI to the provider staff.

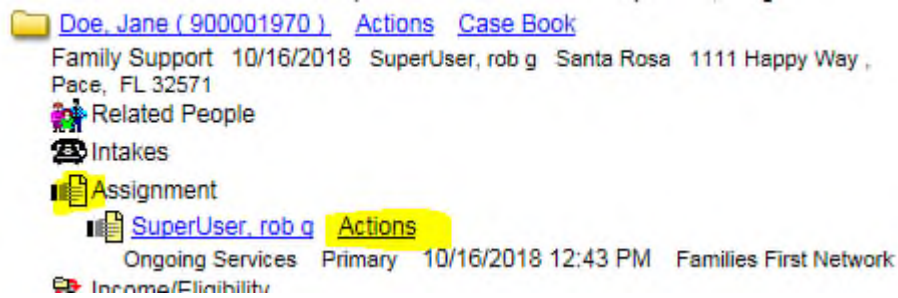
- a. Click the case icon to expand case details

**Doe, Jane (900001970)** Actions Case Book

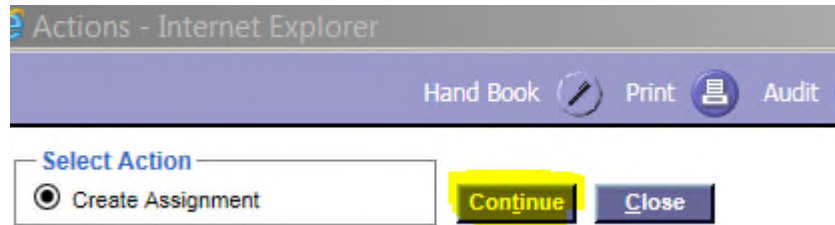
Family Support 10/16/2018 SuperUser, rob g Santa Rosa 1111 Happy Way, Pace, FL 32571

- b. Click the assignment icon and then click the blue Actions hyperlink next to the name of the primary worker.

## Reviewing the Closed Investigation and Creating a Primary Assignment (continued)



c. Click Continue



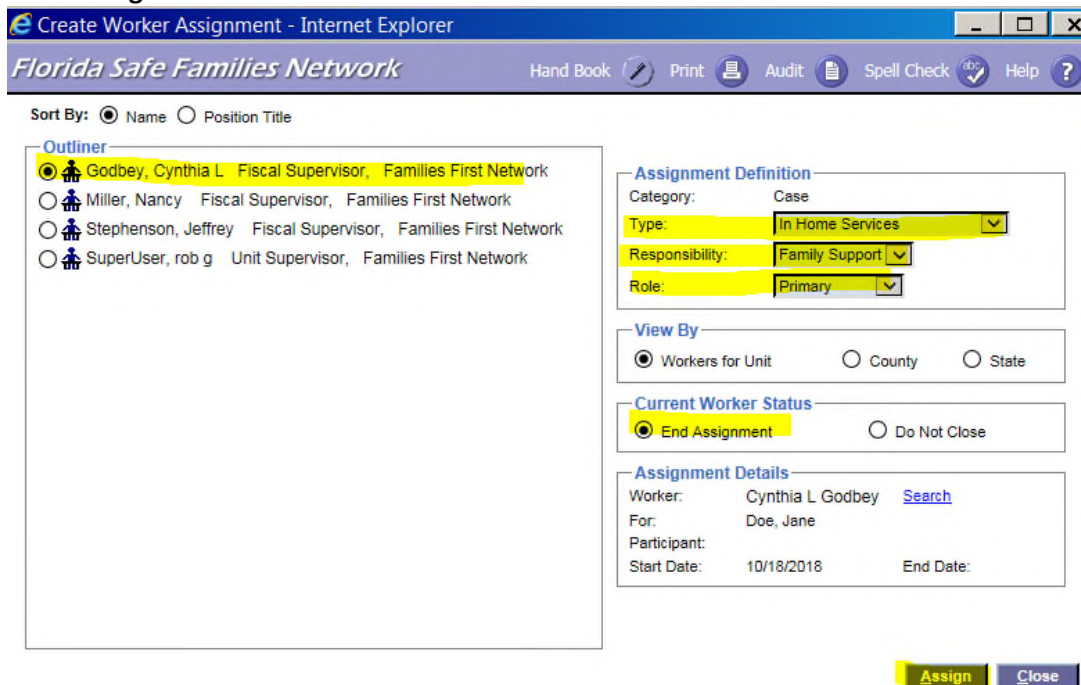
d. Select the name of the staff person taking primary assignment

e. Under Assignment Definition

- i. Select In Home Services for the Type
- ii. Select Family Support for the Responsibility
- iii. Select Primary for the Role

f. Under Current Worker Status, select End Assignment. FSN will prompt you with an error message if you forget to select end assignment as there can only be one primary worker assigned to a case.

g. Click Assign



## FSFN Case Clean-Up

1. Click on the blue case name hyperlink from your desktop.

Create [Maintain](#) [Utilities](#) [Help](#)

**rob g SuperUser's Desktop - Families First Network**

☐ Date Restricted ☐ Participant View

[My Tasks Calendar](#)

**Cases**

- [davis, angela ppppp \( 1502523 \)](#) [Actions](#) [Case Book](#)  
Out-of-Home - Court Ordered 02/27/2007 SuperUser, rob g Escambia 200 jones drive , Tallahassee, FL
- [Davis, Angela B \( 1500879 \)](#) [Actions](#) [Case Book](#)  
Investigation 02/23/2007 SuperUser, rob g Escambia FL
- [Davis, Angela JJJ \( 1501547 \)](#) [Actions](#) [Case Book](#)  
In-Home - Court Ordered Supervision 02/26/2007 SuperUser, rob g Escambia FL
- [Doe, Jane \( 900001970 \)](#) [Actions](#) [Case Book](#)  
ICPC 10/16/2018 SuperUser, rob g Santa Rosa 1111 Happy Way , Pace, FL 32571
- [Doe, Jim \( 900001971 \)](#) [Actions](#) [Case Book](#)  
Service Referral 10/16/2018 SuperUser, rob g Santa Rosa 1111 Beach Drive , Pace, FL 32571

2. Verify that the case type is Family Support
3. Verify/update the Family Structure
4. Verify/update the County

**Case**

Last/Provider:  CLS Case Name:  Case ID: 900001970 Status: Open Unit: Families First Network  
First:  Middle Name:  Open Date: 10/16/2018 Program Code: Child

**Participants Relationships Address Professional/Family Support Network Contacts Closing History**

**Basic**

Case Type:  Family Structure:  County:  ☐ Restricted Case

5. Verify/update the service role of each participant

- Any child with a family support placement opened should be a child receiving services.
- Other children living in the home can be coded as child not receiving services.
- Any adults or children who are unrelated to the family or no longer live in the home can be inactivated by the following steps:

- a. Click Deactivate on the row next to the participant's name

**Case**

Last/Provider:  CLS Case Name:  Case ID: 900001970 Status: Open Unit: Families First Network  
First:  Middle Name:  Open Date: 10/16/2018 Program Code: Child

**Participants Relationships Address Professional/Family Support Network Contacts Closing History**

**Basic**

Case Type:  Family Structure:  County:  ☐ Restricted Case

**Participants**

Name	Hsld	Status	Gender	Service Role	DOB	Age	Ethnicity	Legal			
<a href="#">Doe, Jack</a>	Y	Active	Male	<input type="text" value="Child Receiving Services"/>	01/01/2015	3	African American/Blac	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>



## FSFN Case Clean-Up (continued)

### b. Select a Reason

**Participant Status**

Action Requested: DeActivate  
 Name: Doe, Jack  
 Worker: rob.g SuperUser  
 Reason: **No Longer Involved With Family**  
 Date: 10/17/2018  
 Effective Date: 10/17/2018

**Participant History**

Status	Effective Date	Reason	Worker
Active	10/16/2018		SuperUser:rob.g

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

### c. Enter the Effective Date and click save.

**Participant Status -- Webpage Dialog**

**Participant Status**

Action Requested: DeActivate  
 Name: Doe, Jack  
 Worker: rob.g SuperUser  
 Reason: **No Longer Involved With Family**  
 Date: 10/17/2018  
 Effective Date: 10/17/2018

**Participant History**

Status	Effective Date	Reason	Worker
Active	10/16/2018		SuperUser:rob.g

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

\*\*You will still see the person in the case shell but now there will be a hyperlink to “ReActivate” which confirms they were deactivated.

## 6. Verify/update the Case Address

### a. Click on Address tab

**Maintain Case - Internet Explorer**

**Florida Safe Families Network**

Hand Book Print Audit Spell Check Help

**Case**

Last Provider: Doe CLS Case Name: Case ID: 900001670 Status: Open Unit: Families First Network  
 First: Jane Middle Name: Open Date: 10/16/2018 Program Code: Child

**Participants Relationships Address Professional/Family Support Network Contacts Closing History**

**Basic**

Case Type: **Family Support** Family Structure: **Married Couple** County: **Santa Rosa** Restricted Case: ☐

**Participants**

Name	Hold	Status	Gender	Service Role	DOB	Age	Ethnicity	Legal	Milestones	DeActivate	Remove
<a href="#">Doe, Jack</a>	Y	Active	Male	Child Receiving Services	01/01/2015	3	African American/Black	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>
<a href="#">Doe, Jane</a>	Y	Active	Female	Parent In The Home	01/01/1976	40	African American/Black	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>
<a href="#">Doe, John</a>	Y	Active	Male	Parent In The Home	01/01/1977	41	African American/Black	None	<a href="#">Milestones</a>	<a href="#">DeActivate</a>	<a href="#">Remove</a>

## FSFN Case Clean-Up (continued)

- b. To add a new address, you must select Route or Street before you can enter any address data

The screenshot shows the 'Case Address' section of the FSFN software. The 'Street/PO Box/Route' dropdown menu is open, showing options: 'PO Box', 'Route', 'Street', and 'Street/PO Box/Route'. The 'Street' option is highlighted with a red circle. Other fields visible include 'Type' (Primary Residence), 'Begin Date' (02/23/2007), 'C/O', 'PO Box', 'Route', 'Unit Designator', 'Building', and 'FL City'.

- c. Enter the Begin Date, Street Address, Unit Designator (if applicable), Florida City, County, Zip Code, and Phone Number, and Click Update.

The screenshot shows the 'Case Address' section of the FSFN software with all fields filled out. The 'Street/PO Box/Route' dropdown is set to 'Street'. The 'Begin Date' is 02/23/2007. The 'Street' is 169 Case Lane. The 'Unit Designator' is selected. The 'Building' is empty. The 'FL City' is Pace, 'County' is Santa Rosa, 'Non-Florida County' is empty. The 'City' is Pace, 'State' is FL, 'Zip' is 32571, and 'Country' is United States. The 'Phone' section is also filled out with Home: (850)321-1234, Work: , Ext: , Cell: , Contact: , and E-Mail: . The 'Update' button is highlighted in yellow.

- d. FSFN will provide a prompt to update the addresses of any case participants. Check all who reside in that home and click save and close.

## FSFN Case Clean-Up (continued)

Maintain Case - Internet Explorer

Florida Safe Families Network Hand Book

Case

Last Provider: [Redacted]  
Print: [Redacted]

Participants Relationships

Case Address

Type: Primary Residence  
CIC: [Redacted]  
Street: 100 [Redacted] Case Lane  
PO Box: [Redacted]  
Route: [Redacted]  
FL City: Pace [Redacted]  
City: Pace [Redacted]

Update Address - Webpage Dialog

FSFN

Participants Residing At Case Address

<input checked="" type="checkbox"/>	[Redacted]
<input checked="" type="checkbox"/>	[Redacted]
<input checked="" type="checkbox"/>	[Redacted]
<input type="checkbox"/>	Unknown, Unknown


Save Close

e. Click Save

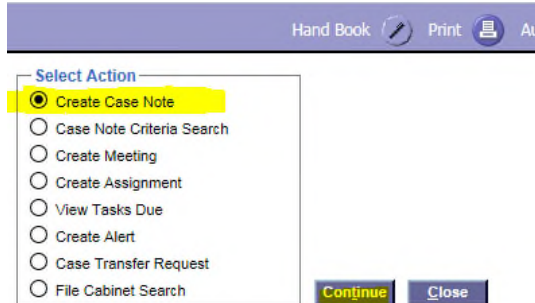




## Creating a Case Note

1. Click the actions hyperlink next to the case name

 [Doe, Jane \( 900001970 \)](#) **Actions** [Case Book](#)  
Family Support 10/16/2018 SuperUser, rob g Santa Rosa 1111 Happy Way , Pace, FL 32571

2. Select Create Case Note and click Continue



Hand Book  Print  Au

Select Action

☒ Create Case Note

☐ Case Note Criteria Search

☐ Create Meeting

☐ Create Assignment

☐ View Tasks Due

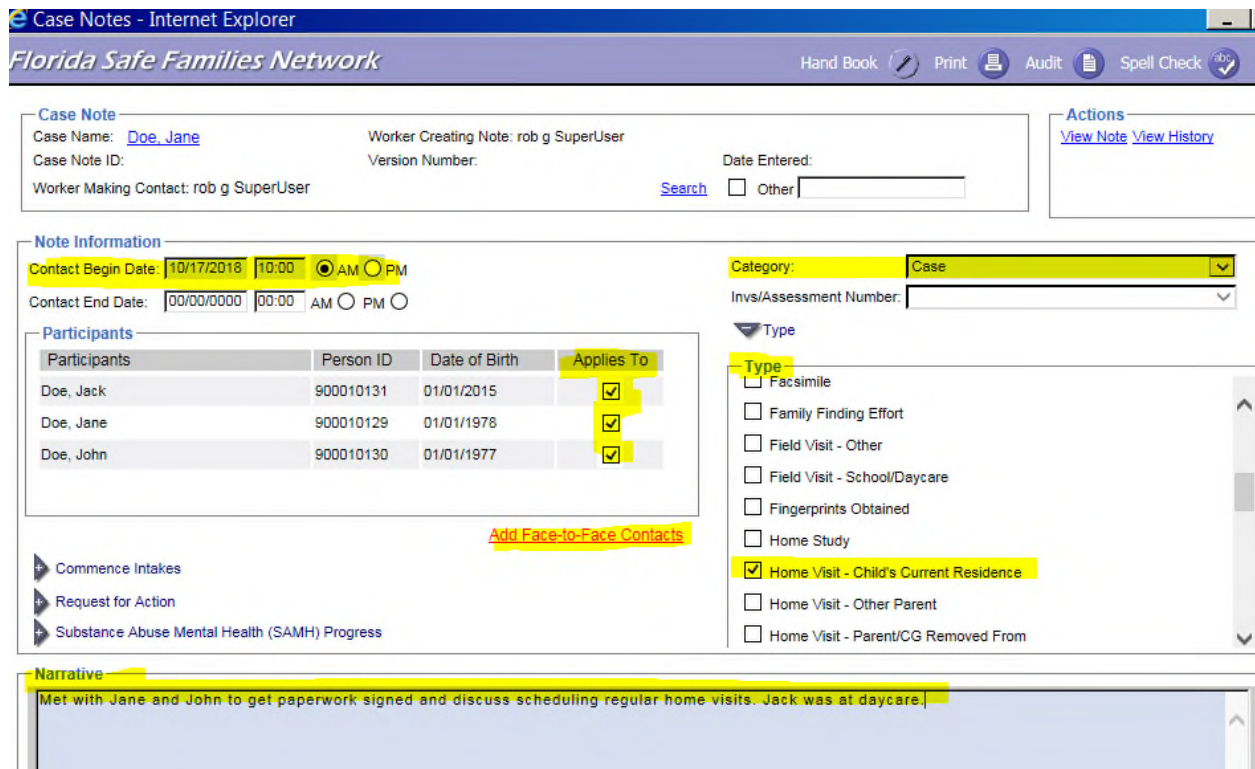
☐ Create Alert

☐ Case Transfer Request

☐ File Cabinet Search





**Continue** **Close**

3. Enter Contact Begin Date and Time
4. Select Case as the Category type
5. Select the Participants involved (include those who were present and those you attempted to contact)
6. Enter the note type. *The note type should reflect the actual type of contact, for example, home visit, office visit, field visit, or Note to File- General if reflecting non face-to-face work completed.*
7. Click "Add Face-to-Face Contacts"
8. Enter a summary of the contact in the Narrative



Case Notes - Internet Explorer

Florida Safe Families Network

Hand Book  Print  Audit  Spell Check 

Case Note

Case Name: [Doe, Jane](#) Worker Creating Note: rob g SuperUser Date Entered:   
Case Note ID: Version Number:   
Worker Making Contact: rob g SuperUser [Search](#) ☐ Other

Actions  
[View Note](#) [View History](#)

Note Information

Contact Begin Date: 10/17/2018 10:00 AM ☒ PM ☐  
Contact End Date: 00/00/0000 00:00 AM ☐ PM ☐

Category: Case   
Invs/Assessment Number:

Type

☐ Facsimile  
☐ Family Finding Effort  
☐ Field Visit - Other  
☐ Field Visit - School/Daycare  
☐ Fingerprints Obtained  
☐ Home Study  
☒ Home Visit - Child's Current Residence  
☐ Home Visit - Other Parent  
☐ Home Visit - Parent/CG Removed From

Participants

Participants	Person ID	Date of Birth	Applies To
Doe, Jack	900010131	01/01/2015	<input checked="" type="checkbox"/>
Doe, Jane	900010129	01/01/1978	<input checked="" type="checkbox"/>
Doe, John	900010130	01/01/1977	<input checked="" type="checkbox"/>

[Add Face-to-Face Contacts](#)

Commence Intakes  
Request for Action  
Substance Abuse Mental Health (SAMH) Progress

Narrative

Met with Jane and John to get paperwork signed and discuss scheduling regular home visits. Jack was at daycare.

## Creating a Case Note (continued)

9. **Enter Contact Information-** Use the outer scroll bar to scroll down to the “Contact Information” section and complete the face-to-face contact information. If you select attempted, you will be required to give a Reason Not Seen. Click Save.

**Florida Safe Families Network**

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

**Participants**

Participants	Person ID	Date of Birth	Applies To
Doe, Jack	900010131	01/01/2015	<input checked="" type="checkbox"/>
Doe, Jane	900010129	01/01/1978	<input checked="" type="checkbox"/>
Doe, John	900010130	01/01/1977	<input checked="" type="checkbox"/>

[Add Face-to-Face Contacts](#)

Compliance Intakes  
Request for Action  
Substance Abuse Mental Health (SAMH) Progress

**Type**

- ☐ Fostering
- ☐ Family Finding Effort
- ☐ Field Visit - Other
- ☐ Field Visit - School/Daycare
- ☐ Fingerprints Obtained
- ☐ Home Study
- ☒ Home Visit - Child's Current Residence
- ☐ Home Visit - Other Parent
- ☐ Home Visit - Parent/CG Removed From
- ☐ Other (Description: 1234)

**Narrative**

Met with Jane and John to get paperwork signed and discuss scheduling regular home visits. Jack was at daycare.

**Contact Information**

Name	Face-to-Face Contact	Reason Not Seen	Different Date	Contact Date/Time	Delete
Doe, Jack	Attempted	Not at Home	<input type="checkbox"/>	<input type="text"/> AM <input type="text"/> PM	<a href="#">Delete</a>
Doe, Jane	Completed		<input type="checkbox"/>	<input type="text"/> AM <input type="text"/> PM	<a href="#">Delete</a>
Doe, John	Completed		<input type="checkbox"/>	<input type="text"/> AM <input type="text"/> PM	<a href="#">Delete</a>

[Clear Fields](#) [Create](#) [Save](#) [Close](#)

**\*\*Note that if you want to be able to easily identify a certain type of contact, such as a Family Team Meeting, you can select Other at the top of the note and type in a note type. You still need to select the case type as above (office visit, home visit, etc). The title will appear in the Narrative section when you are viewing the notes.**

**Case Notes - Internet Explorer**

**Florida Safe Families Network**

Hand Book | Print | Audit

**Case Note**

Case Name: [Doe, Jane](#) Worker Creating Note: rob.g SuperUser  
Case Note ID: Version Number: Date Entered:  
Worker Making Contact: ☒ Other [Family Team Meeting](#)

**Note Information**

Contact End Date: 00000000 00:00 AM ☐ PM ☐

**Participants**

Participants	Person ID	Date of Birth	Applies To
Doe, Jack	900010131	01/01/2015	<input checked="" type="checkbox"/>
Doe, Jane	900010129	01/01/1978	<input checked="" type="checkbox"/>
Doe, John	900010130	01/01/1977	<input checked="" type="checkbox"/>

[Add Face-to-Face Contacts](#)


Compliance Intakes  
Request for Action  
Substance Abuse Mental Health (SAMH) Progress


**Type**

- ☐ Adoption Child Study
- ☐ Adoption Recruitment Effort
- ☐ Adoption Recruitment Event
- ☐ Birth Verification
- ☐ Case Merge
- ☐ Case Split
- ☐ Contact CPT/SATP
- ☐ Court - Administrative
- ☐ Court - DJJ

**Narrative**

Family Team Meeting at the office. Parents, Jack, teacher, and Jack's grandparents were present.

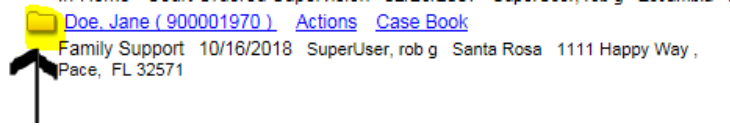
 [Case](#)  
Office Visit 10/18/2018 **Family Team Meeting**  
Participants: Doe, Jack; Doe, Jane; Doe, John

 [Case](#)  
Home Visit - Child's Current Residence 10/17/2018  
Participants: Doe, Jack; Doe, Jane; Doe, John

## Closing a Case in FSN

### 1. End the Family Support Placement

#### a. Click the Case icon to expand case details



#### b. Click on the Placements icon to expand the family support placements



#### c. Click on the Family Support hyperlink for each child and complete the following:

- Click the Completed checkbox
- Enter an End Date
- Select an Ending Reason. Ensure the selected reason reflects case outcomes.
- Enter Status Ending Comments which should include a summary of the reason for case closure including the family's refusal to continue receiving services. Summary must include documentation of successful interventions. If there is a "close the loop" staffing, the outcome and efforts to reengage the family must be documented.
- Click Save. There will be a message that says "Selecting the Completed Checkbox and saving the page will freeze the Family Support page. Do you wish to continue?" Click Yes.

Family Support - Internet Explorer

Florida Safe Families Network

Hand Book Print Audit Spell Check Help

**Child**

Child: Doe, Jack Case Name: Doe, Jane Family Support Type: Prevention Risk Level: ☒ Completed

**Status Begin**

Begin Date: 10/10/2018 Referral Type: Service Referral Intake Number: 2018-702531-01

Primary Caregiver: Jane Doe Secondary Caregiver: John Doe

Status Begin Comments: The family was referred due to ongoing issues with the cleanliness of their home and difficulties parenting a teenage child. The family will has agreed telephonically to visits 2 times a week to receive training on housekeeping and parenting skills.

**Risk Factor Summary**

Assessment Type	Assessment Date	Risk Level	Total Number of Risk Factors

Insert

**Status End**

End Date: 10/18/2018 Ending Reason: Services Refused by Family Intake Number:

Status Ending Comments: Multiple home visits were made by provider to the family with no completed contacts. A close the loop staffing was held with CPI Smith on 10/16/18 and a joint home visit was completed on 10/17/18. Family refused services and indicated they could manage with family support.

Save Close

### 2. Review the case shell prior to submitting for closure.

#### a. Click on the blue case name hyperlink from your desktop.



## Closing a Case in FSFN (continued)

Create [Maintain](#) [Utilities](#) [Help](#)

### rob g SuperUser's Desktop - Families First Network

☐ Date Restricted ☐ Participant View

My Tasks Calendar

Cases

[davis, angela ppppp \( 1502523 \)](#) [Actions](#) [Case Book](#)

Out-of-Home - Court Ordered 02/27/2007 SuperUser, rob g Escambia 200 jones drive , Tallahassee, FL

[Davis, Angela B \( 1500879 \)](#) [Actions](#) [Case Book](#)

Investigation 02/23/2007 SuperUser, rob g Escambia FL

[Davis, Angela JJJ \( 1501547 \)](#) [Actions](#) [Case Book](#)

In-Home - Court Ordered Supervision 02/26/2007 SuperUser, rob g Escambia FL

[Doe, Jane \( 900001970 \)](#) [Actions](#) [Case Book](#)

ICPC 10/16/2018 SuperUser, rob g Santa Rosa 1111 Happy Way , Pace, FL 32571

[Doe, Jim \( 900001971 \)](#) [Actions](#) [Case Book](#)

Service Referral 10/16/2018 SuperUser, rob g Santa Rosa 1111 Beach Drive , Pace, FL 32571

b. Verify that the case type is Family Support

c. Verify/update the Family Structure

d. Verify/update the County

Case							
Last/Provider:	<input type="text" value="Doe"/>	CLS Case Name:	<input type="text"/>	Case ID:	900001970	Status:	Open
Unit:	Families First Network						
First:	<input type="text" value="Jane"/>	Middle Name:	<input type="text"/>	Open Date:	10/16/2018	Program Code:	Child
Participants Relationships Address Professional/Family Support Network Contacts Closing History							
Basic							
Case Type:	<input type="text" value="Family Support"/>	Family Structure:	<input type="text" value="Married Couple"/>	County:	<input type="text" value="Santa Rosa"/>	<input type="checkbox"/> Restricted Case	

e. Deactivate each participant using the same effective date as the end date for the Family Support Placement using the following steps.

i. Click Deactivate on the row next to the participant's name

Case							
Last/Provider:	<input type="text" value="Doe"/>	CLS Case Name:	<input type="text"/>	Case ID:	900001970	Status:	Open
Unit:	Families First Network						
First:	<input type="text" value="Jane"/>	Middle Name:	<input type="text"/>	Open Date:	10/16/2018	Program Code:	Child
Participants Relationships Address Professional/Family Support Network Contacts Closing History							
Basic							
Case Type:	<input type="text" value="Family Support"/>	Family Structure:	<input type="text" value="Married Couple"/>	County:	<input type="text" value="Santa Rosa"/>	<input type="checkbox"/> Restricted Case	
Participants							
Name	Hsld	Status	Gender	Service Role	DOB	Age	Ethnicity
<a href="#">Doe, Jack</a>	Y	Active	Male	<input type="text" value="Child Receiving Services"/>	01/01/2015	3	African American/Blac
							Legal
							None
							<a href="#">Milestones</a> <a href="#">DeActivate</a> <a href="#">Remove</a>

## Closing a Case in FSFN (continued)

### ii. Select a Reason

**Participant Status**

Action Requested: DeActivate  
 Name: Doe, Jack  
 Worker: rob g SuperUser  
 Reason: **Adoption Finalization**  
 Date:  
 Effective Date:

**Participant History**

Status	Effective Date	Reason	Worker
Active	10/16/2018	No Longer Involved With Family	SuperUser/rob g

Save Close

### iii. Enter the Effective Date and click save.

**Participant Status -- Webpage Dialog**

**Participant Status**

Action Requested: DeActivate  
 Name: Doe, Jack  
 Worker: rob g SuperUser  
 Reason: **No Longer Involved With Family**  
 Date: 10/17/2018  
 Effective Date: **10/17/2018**

**Participant History**

Status	Effective Date	Reason	Worker
Active	10/16/2018	No Longer Involved With Family	SuperUser/rob g

Save Close

## 3. Verify/update the Case Address

### a. Click on Address tab

**Florida Safe Families Network**

Hand Book Print Audit Spell Check Help

**Case**

Last Provider: Doe CLS Case Name: Case ID: 900001970 Status: Open Unit: Families First Network  
 First: Jane Middle Name: Open Date: 10/16/2018 Program Code: Child

**Participants Relationships Address Professional/Family Support Network Contacts Closing History**

**Basis**

Case Type: Family Support Family Structure: Married Couple County: Santa Rosa Restricted Case: ☐

**Participants**

Name	Hold	Status	Gender	Service Role	DOB	Age	Ethnicity	Legal	Milestones	DeActivate	Remove
Doe, Jack	Y	Active	Male	Child Receiving Services	01/01/2015	3	African American/Blk	None	Milestones	DeActivate	Remove
Doe, Jane	Y	Active	Female	Parent In The Home	01/01/1976	40	African American/Blk	None	Milestones	DeActivate	Remove
Doe, John	Y	Active	Male	Parent In The Home	01/01/1977	41	African American/Blk	None	Milestones	DeActivate	Remove



## Closing a Case in FSFN (continued)

- b. Ensure the current address at closure is in FSFN. If it needs to be updated, enter the Begin Date, Street Address, Unit Designator (if applicable), Florida City, County, Zip Code, and Phone Number, and Click Update.

Maintain Case - Internet Explorer

**Florida Safe Families Network** Hand Book Print Audit Spell Check

**Case**

Last/Provider: Doe CLS Case Name: Case ID: 1500879 Status: Open Unit: Families First Network  
 First: Jane Middle Name: B Open Date: 02/23/2007 Program Code: Child

Participants Relationships **Address** Professional/Family Support Network Contacts Closing History

**Case Address**

Type: Primary Residence Street/PO Box/Route: Street Begin Date: 02/23/2007  
 C/O:  
 Street: 169 Case Lane Unit Designator: Building:  
 PO Box:  
 Route:  
 FL City: Pace County: Santa Rosa Non-Florida County:  
 City: Pace State: FL Zip: 32571 Country: United States  
 Comments:

**Phone**

Home: (850)321-1234 Work: Ext: Cell: Contact: Ext:  
 Fax: E-Mail:  
 Comments:

**Update**

Options: Go Save Close

- c. FSFN will provide a prompt to update the addresses of any case participants. Check all who reside in that home and click save and close.

Maintain Case - Internet Explorer

**Florida Safe Families Network** Hand Book

**Case**

Last/Provider: First:

Participants Relationships

**Case Address**

Type: Primary Residence  
 C/O:  
 Street: 169 Case Lane  
 PO Box:  
 Route:  
 FL City: Pace  
 City: Pace

**Update Address -- Webpage Dialog**

**FSFN**

**Participants Residing At Case Address**

<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Unknown, Unknown

**Save Close**

- d. Click Save

## Closing a Case in FSFN (continued)

4. Submit case for closure
  - a. Click on the Closing History Tab
  - b. From the Options drop down box, select Submit Case Closure Request and click Go

Maintain Case - Internet Explorer  
Florida Safe Families Network

Case Information: Last Provider: Doe, Jane; First: Jane; Middle Name: ; Case ID: 900001670; Status: Open; Unit: Families First Network; Open Date: 10/16/2018; Program Code: Child

Participants | Relationships | Address | Professional/Family Support Network Contacts | **Closing History**

Case History Table:  
Open Date | Closed Date | Reason

Merged Cases Table:  
Open Date | Merged Date | Former Case Number | Reason

Options: **Submit Case Closure Request** (highlighted in red) | Go

- c. Click the Request for Closure checkbox
- d. Select a Reason for Case Closure
- e. Enter a brief Closure Summary
- f. Click Save. The closing history box will now show a link that says pending. It may take a few minutes up to a day for it to process and change to Accepted.

Case Closure - Webpage Dialog  
Florida Safe Families Network

Basic Information: Case Name: Doe, Jane; Case Number: 900001670; Open Date: 10/16/2018

Closing Information:  
Closure Status: Closure Requested  
☒ Request for Closure  
☐ Check Here if Closing Checklist is Not Applicable  
Closed Date: ; Reason: Service Provision Completed  
Closing Checklist:

Closure Summary:  
Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.  
Family completed all services and is ready for services to be closed. Family was provided with community numbers for assistance moving forward.

Closure Denial Messages

Options: Go | Save | Close

## Closing a Case in FSFN (continued)

Maintain Case - Internet Explorer

**Florida Safe Families Network**      Hand Book   Print   Audit   Spell Check   Help

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**Case**

Last/Provider:       CLS Case Name:       Case ID: 900001970      Status: Open      Unit: Families First Network

First:       Middle Name:       Open Date: 10/16/2018      Program Code: Child

---

Participants   Relationships   Address   Professional/Family Support Network Contacts   **Closing History**


---

**Case History**

Open Date	Closed Date	Reason	
10/16/2018		Service Provision Completed	<b>Pending</b>

g. Once the case now says accepted, reopen the case by clicking on the case name hyperlink

4182

 [Accepted](#)   [Actions](#)   [Case Book](#)

In-Home - Court Ordered  
Supervision 05/10/2016   Cunningham, Robin

h. Click on the Closing history Tab

i. click on the Accepted hyperlink

**Case**

Last/Provider:       CLS Case Name:       Case ID:       Status: Reopen      Unit: 01CV2 Crestview Family Service

First:       Middle Name:       Open Date: 05/10/2016      Program Code: Child

---

Participants   Relationships   Address   Professional/Family Support Network Contacts   **Closing History**

---

**Case History**

Open Date	Closed Date	Reason	
05/10/2016		Court Ordered Supervision Closed	<b>Accepted</b>
10/03/2014	08/10/2015	Case Supervision Completed/Outcomes Achieved	<a href="#">Historical</a>
10/03/2014	03/25/2015	Closing Disrupted	<a href="#">Historical</a>
04/27/2013	08/29/2013	Other	<a href="#">Historical</a>

j. From the Options drop down box, select Approval and click Go.

**Case Closure -- Webpage Dialog**

**Florida Safe Families Network**      Print   Audit   Spell Check   Help

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**Basic Information**

Case Name:       Case Number: 1       Open Date: 05/10/2016

---

**Closing Information**

Closure Status: **Closure Accepted**      Closed Date:

☒ Request For Closure      Reason:

☐ Check Here If Closing Checklist is Not Applicable      Closing Checklist:

---

**Closure Summary**

Describe the closure process with the family and service providers and the family's plan for meeting future service needs. Describe how any behaviors or conditions judged to be at a level where safety is not assured or risk of maltreatment is a concern will be managed or sufficiently mitigated by other resources/supports.

---

**Closure Denial Messages**

Options:       **Go**      **Save**      **Close**

Text      Closure Summary      Closure Denial Report

## Closing a Case in FSFN (continued)

### k. Select Approve and click Continue

FSFN Print Audit Spell Check Help

**Document Information**

Type: Case Closure  
Date: 08/30/2018

**Approval Decision**

☒ Approve ☐ Reroute ☐ Recall/Return ☐ Not Approve [Clear](#)

**Supervisor Approval**

You have completed and are about to approve this piece of work. Do you wish to route this work to the supervisor listed below for future approval? If no, please select "Other" to select the appropriate party.

Supervisor:

**Approval History**

Worker Name	Unit Name	Status	Date	Action
SHEILA S.PITTMAN	01AFFN-FFN ADMINISTRATION	Initial	08/30/2018 08:37 AM	Initial

[Continue](#) [Close](#)

- l. **Click Save.** All fields will now be greyed out and closing history will now have a Closed Date. Assignments will automatically be ended.

Participants	Relationships	Address	Professional/Family Support Network Contacts
<b>Case History</b>			
Open Date	Closed Date	Reason	
05/10/2016	10/18/2018	Court Ordered Supervision Closed	<a href="#">Historical</a>
10/03/2014	08/10/2015	Case Supervision Completed/Outcomes Achieved	<a href="#">Historical</a>
10/03/2014	03/25/2015	Closing Disrupted	<a href="#">Historical</a>
04/27/2013	08/29/2013	Other	<a href="#">Historical</a>