CASE MANAGER CERTICATION

Case Manager:

Provider Agency Name:

Provider Agency Address:

Provider Phone Number: ( ) Florida Medicaid Provider Number #:

Is hereby certified as having met the requirements for the provision of targeted case management services for children at risk of abuse and neglect. This individual case manager:

(1) Is employed by or under contract with a provider agency that has been certified by a children's services council or local government entity as qualified to provide case management services to the target population.
(2) Has a minimum of a high school degree, or equivalent, with a minimum of one year of experience working with children who have been abused, neglected, or abandoned, or are at risk of abuse, neglect, or abandonment.
(3) Agrees to complete all required training and any other training including periodic retraining.
(4) Has completed the mandated reporter training that addresses abuse and neglect.
(5) Is knowledgeable of the resources, specific to the identified service area, that are available for children who are abused, neglected, or abandoned or are at risk for abuse, neglect, or abandonment.
(6) Is knowledgeable of and in compliance with the state and federal statutes, rules, and policies that pertain to this service and target population.
(7) Is certified by the certified provider agency as meeting these requirements.

Case Manager Supervisor: Date:

Targeted Case Management Provider Agency Administrator Date:

County: