FOSTERING FUTURES
INDEPENDENT LIVING ARRANGEMENT AGREEMENT

This agreement is between _____ (*participant*) and the _____ (*local department of social services*). The purpose of this agreement is to outline expectations related to the independent living arrangement and the maintenance payment.

I, _____ (*participant*), understand that I am responsible for using the maintenance payment provided to me to secure and maintain a place to live. In the event that I do not use these funds to do so, the local department of social services may not be able to help me further.

The local department of social services agrees to support the participant financially and through the provision of services to assist the participant to maintain housing. The local department of social services is committed to supporting the youth to maintain safe and stable housing so that the participant is able to concentrate on employment or educational or vocational attainment which will enable self-sufficiency in adulthood.

_____ (*local department of social services*) agrees to (*select one*):

☐ Make a maintenance payment in the amount of $721 directly to _____ (*participant*). This payment will be made at the end of the month for which the participant remains eligible and sent to (*mailing address*): _____
_____

☐ Make a maintenance payment in the amount of $260 directly to _____ (*participant*), who is participating in a training program which provides room and board at no cost (e.g. Job Corps, Woodrow Wilson Rehabilitation Center, Commonwealth ChalleNGe). This amount ($260), for the clothing, personal care, recreation, and monthly allowance portions of the maintenance payment, will be made at the end of the month for which the participant remains eligible and will be sent to (*mailing address*):
_____
_____

☐ Make a maintenance payment in the amount of $_____ directly to the landlord or other individual to whom rent is owed. This payment will be made at the end of the month for which the participant remains eligible and sent to (*name and mailing address*): _____
_____
If this payment is less than $721, the remainder of the payment $_____ will be paid to the participant at the end of the month for which the participant remains eligible and sent to (*mailing address*):
_____
_____

Failure to meet eligibility requirements for the Fostering Futures Program may result in the local department of social services stopping the foster care maintenance payment and terminating participation in the program. The local department of social services will provide 30 days' notice before such termination and provide information to the participant about how they can return to compliance with the program and avoid termination.

_____
Participant's signature Date

_____ _____
Foster care worker's signature Date Print name and title

_____ _____
Foster care supervisor's signature Date Print name and title