

Fostering Futures Voluntary Continuing Services and Support Agreement

Purpose: The Fostering Futures program is a voluntary program which provides services and support to individuals who are 18 to 21 years of age who turned 18 in foster care or who were in foster care immediately prior to their commitment to DJJ. This Fostering Futures Voluntary Continuing Services and Support Agreement (agreement) is between the local department of social services (LDSS) and the individual (participant).

Instructions: The LDSS service worker will review each section of this form with the participant and explain any areas as needed before the participant and LDSS Director (or designee) signs. The signatures are an acknowledgement that all parties understand and will abide by the Agreement until such time as it is terminated.

Please indicate if this is: _____ Initial Agreement OR _____ Re-entry Agreement

PARTICIPANT SECTION

Court Involvement

Participant: I _____ (participant's name) have met with a service worker to talk about voluntarily entering foster care as an adult former foster youth who is (please check appropriate response) _____ age 18 _____ age 19 _____ age 20. By signing this Agreement, I understand I am voluntarily agreeing to enter foster care, in order to access services through Fostering Futures. This does not mean that I am in the custody of the LDSS.

I agree to reside in a supervised independent living setting (such as a foster home, transitional housing program, independent living apartment program, dorm or apartment, Assisted Living Facility (ALF) or independent living arrangement), as described in my foster care plan, under the placement and care responsibility of the _____ (LDSS).

I agree to attend an initial court hearing so that the court may consider approving this Agreement with my foster care plan. I also agree to attend any additional court hearings scheduled by the court and/or administrative reviews scheduled by the LDSS.

Eligibility

Participant: I agree to live in a supervised independent living setting. I also agree that, in order to remain in foster care, I will be:

1. Completing a secondary education or a program leading to an equivalent credential; or
2. Enrolled in an institution that provides post-secondary or vocational education; or
3. Employed for at least 80 hours per month; or
4. Participating in a program or activity designed to promote or remove barriers to employment, or
5. Incapable of doing any of the activities described above due to a documented medical condition

I agree to cooperate with the agency and provide documentation regarding my continued eligibility on an ongoing basis.

Planning

Participant: I agree to participate in the development of my foster care plan, including my Independent Living Transition Plan with the agency, attend all foster care plan reviews, and keep the agency informed about how to contact me at all times.

Authorization for Release of Financial, Medical, and Educational, Information

Participant: I agree to provide documentation for verification of continued eligibility to the agency as it relates to my financial, medical (including mental health), and vocational/educational information.

Medical Insurance

Participant: I agree to apply for Medical Assistance, and provide information needed for continued eligibility. I understand that I may be responsible for the cost of medical services not covered by insurance.

Services

Participant: I agree to follow through with my responsibilities as outlined in the foster care plan and transition plan, participate in identified services, be present at visits with my caseworker and keep the agency informed of my needs.

Termination of the Agreement

Participant: I understand that the Agreement is voluntary and I may terminate it at any time. I agree to notify the agency of my intent and the reasons I want to terminate this Agreement. I understand that the agency will provide written notice informing me of the potential negative effects resulting from termination; the option to re-enter the Fostering Futures program before reaching age 21 if I meet the eligibility requirements at that time; and the procedures for re-entering.

I understand that I have 30 calendar days to change my mind about the termination of this Agreement. After 30 days, I will no longer be eligible for the Fostering Futures program, until such time as I re-enter the program and sign a new Agreement.

I also understand that the agency may terminate the Agreement if I do not continue to meet the eligibility requirements or am not compliant with the Agreement. If this is the case, I will be given a 30 day written notice and an opportunity to correct any eligibility or noncompliance issues to avoid termination.

LDSS SECTION

Court Involvement

Agency: The LDSS agrees to file a petition with the court requesting approval of this Agreement and the participant's foster care plan. The agency also agrees to notify the participant of any court hearings and/or administrative reviews regarding the Agreement, and to attend any such hearings and reviews.

Eligibility

Agency: The LDSS agrees to provide continued foster care services to the participant including supportive services and funding for the supervised independent living setting as long as the requirements of the Fostering Futures program are met.

Planning

Agency: The LDSS agrees to develop a foster care plan, including the Independent Living Transition Plan with the participant, review the plan as required, provide notification of foster care plan reviews, and provide the youth with a copy of the plan.

Authorization for Release of Financial, Medical, and Educational, Information

Agency: The LDSS will maintain data privacy of this information according to state and federal laws. The agency will comply with the eligibility requirements to ensure that funding remains accessible for the youth as long as he/she is meeting the requirements of the Fostering Futures program.

Medical Insurance

Agency: The agency will assist the participant in applying for Medical Assistance and understanding their coverage. The participant may be responsible for the cost of medical services not covered by his/her insurance.

Services

Agency: The LDSS agrees to provide foster care maintenance payments, case management, at least monthly face-to-face visits, and other services according to the plan(s). Maintenance is a monthly payment to support board, room, clothing and other expenses.

Termination of the Agreement

Agency: The LDSS agrees to provide written notice to the youth if this voluntary Agreement will be terminated. The written notice will include information about your right to a fair hearing and how to appeal. Written notice will also include information about how the participant may be eligible to re-enter the Fostering Futures program.

Signatures

I agree to the provisions contained in the Fostering Futures program Agreement. By signing this Agreement, the participant gives the LDSS the legal authority to resume foster care benefits/services. By signing this Agreement, the LDSS Director or designee agrees to accept the participant into foster care under the conditions set forth above.

SIGNATURE OF PARTICIPANT	SIGNATURE OF LDSS DIRECTOR OR DESIGNEE
DATE OF AGREEMENT	DATE OF AGREEMENT