

## EXTENDED CARE VOLUNTARY SERVICES AGREEMENT INSTRUCTIONS

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Please complete the application for extended care on electronic voluntary services agreement form and send it electronically for review and preliminary approval to Katherine Boise, State Youth Development Coordinator at:

[Katherine.boise@ahs.state.vt.us](mailto:Katherine.boise@ahs.state.vt.us).

Katherine will be reviewing voluntary services agreements and providing feedback, technical assistance and initial approval. Written confirmation of approval will be sent electronically to the individuals identified on the application.

Once approval is received the signature page signed by all the parties to the agreement should be faxed to Katherine Boise at 802-241-2407. A reminder: please reference the matrix to guide the development of this agreement. Use this instruction sheet as you review the Voluntary Services Agreement form.

**Page 1~ Step 1:** You should complete the Voluntary Services Agreement form *after* you have met with the supportive adults who are working with you on your plan, figured out what you and they are going to do to support it, and *then* figure which of the choices best matches what you want to do. Guidelines for each type of agreement are in the matrix.

**Page 1~ Step 2:** Check the box or service that best matches your need.

**Page 1~ Step 3:** Type the requested date service is needed with an estimated termination date (are you looking for short term or long term support).

**\*Please note:** we cannot approve retroactive payments or agreements. The date the agreement is approved in that current month will be the reimbursement date on payroll effective the first of that month in cycle.

**Page 1~ Step 4:** Please complete all boxes for *identifying information* on all agreements.

**Page 2~ Step 5:** As part of your *goals* what have you identified with your team as being your needs and your hopes and dreams. Short term range is three to six months. Long term range is six months to two years.

**Page 3~ Step 6:** When completing the *education* section, full time means the status your local school or institution defines as full time status for credit hours enrolled. Please provide the name of your local school or institution if you are enrolled. If you are receiving or ever had received special education services please check the appropriate box and send a copy of your special education plan.

**Page 3~ Step 7:** *Productive time* can include the items listed on the agreement or other activities identified by you and your team as it fits your situation. This may even include other

things like medical appointments, volunteerism or time spent involved in youth leadership programs and activities such as our State Youth Development Committee for current and former foster care youth alumni students. Be sure to list those hours next to each item on the form.

**Page 3~ Step 8:** Identifying your *supportive adult partner* is important as this type of service is about fostering a lifelong connection beyond when this program ends at age twenty-two. This agreement does not support just providing you a place to stay with a roof over your head, this agreement is about fostering a strong healthy future of lasting relationships and requires a most honest and earnest effort to help support this agreement by staying committed to your goals and conditions of this agreement. Your Adult Partner and Youth Development Coordinator are key players in helping you with the most rewarding and challenging times in your life, be sure to talk to them.

**Page 4~ Step 9:** Review the *Permanency PACT* tool kit packet as you develop this agreement and check all that apply and submit the signed Permanency Pact certificate with this agreement. If there boxes or areas identified you have needs and your supportive adult partner isn't able to provide everything, it will be important for you to list other supportive adults or get help from your team finding other supportive adults who may be able to help with the other needs identified as part of building your lifelong social network.

**Page 5~ Step 10:** *Financial Agreements Section;* If you are continuing to stay in your foster home you would check the "continued foster care placement and then check the appropriate foster care level box provided." If your are continuing in a residential facility or community-based residential program you would check "CRF Rate daily" and write that amount in the blank line provided after asking your DCF social worker what that calculation is. If you are re-entering foster care and with a new adult partner you would check the box "Current Foster Care Base Rate."

*Youth Contribution:* type an X or type YES next to the income range that best matches your situation. This formula shows what your contribution would be to the agreement. This is what you would be responsible for providing toward your living expense which is clothing and incidentals.

**Page 5~ Step 11:** *Other agreements:* This is a very important information section be sure you understand what it says and ask your adult partner and coordinator to clarify anything here you don't understand.

**Page 5~ Step 12:** In the *Housing Support Program* and *Incidental Expense Grants* section, be sure to plan carefully what your independent living needs are and develop a realistic budget plan. Your YDC is well trained to walk you through the details of how to complete this section.

**Page 10~ Step 13:** Be sure to get all *signatures* filled on this form and review the *supporting documentation checklist* and fax all these papers to Katherine Boise at 802-241-2407.