

Address:	Date of Entry into Custody:
	Age of Majority:
	Date of Discharge from Custody:
	DCF Case closure date: (for Matrix B + C, Matrix A requires open DCF case)
	Phone:
	Email:
<u>Residential Facility or Community-Based Residential Programming: (for Matrix A)</u>	Contact information:
<u>Supported foster care (for Matrix A) (include SS #)</u>	
<u>Adult Living Program Partner:</u> (ALP agreements only, Matrix B)	SS #
Address:	Phone:
	Email:
Social Worker or DCF Representative:	District:
Address:	Phone:
	Email:
Youth Development Coordinator:	Agency:
Address:	Phone:
	Email:
Youth Goals (Complete for all agreements)	
Describe your goals: short-term (3-6 months)	

Long-term (6 months to 2 years)	
Describe strengths and assets:(what are you good at and what do you have?)	
What do you want to learn or do and how can adults or others help?	
Education (Complete for all agreements)	
Currently a full time student <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrolled in High School Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are a student enrolled in a secondary or post-secondary education or vocational program, complete the following section: Name and location of school: Expected date of graduation: Is there current <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP Attach most recent copy.	
If you don't have a high school diploma or GED, what is your plan to get one?	
Productive Time (complete for all agreements)	
One of the requirements for living support is to have 40 hours of productive time a week (total) in your plan in the areas listed below. Include the kind of support you will need to do these things such as transportation, and who will provide the support. Check all that apply and complete list of activities and hours accordingly.	
1. Secondary Education <input type="checkbox"/> List Activities _____	hours/week_____
(including homework & extracurricular activities)	
2. Post-Secondary Education <input type="checkbox"/> List Activities _____	hours/week_____
(including homework & extracurricular)	
3. Employment <input type="checkbox"/> List Activities _____	hours/week_____
(including homework & extracurricular)	
4. Community Involvement <input type="checkbox"/> List Activities _____	hours/week_____
(including homework & extracurricular)	
5. Job Search <input type="checkbox"/> List Activities _____	hours/week_____
(including homework & extracurricular)	
6. Therapeutic Activities <input type="checkbox"/> List Activities _____	hours/week_____
(including homework & extracurricular)	

7. Other Activities List Activities _____ hours/week _____
 (including homework & extracurricular)

Adult Living Program Agreements (Complete only for Matrix Category B)

Living arrangements:
 Use this section to outline agreements regarding such things as house rules, chores, and expenses for family based living situations through the Adult Living Program or Support for High School Completion Agreements.

House Rules:

Responsibilities and chores:

Guests:

Transportation and car use:

Personal expenses such as clothing, phone, personal care items, recreation, etc.:

List other supportive adults, contact information, support offered

Name	Contact information	Support

Adult Connections (Permanency Pact Plan) Complete for only Matrix Category B

Youth transitioning from foster care are often unsure about who they can count on for ongoing support. Many of their significant relationships with adults have been based on professional connections which will terminate once the transition from care is completed. It is critical to the youth's success to identify those adults who will continue to provide various supports through and beyond the transition from care. Clarifying exactly what the various supports will include can help avoid gaps in the youth's safety net and misunderstandings between the youth and the supportive adult.

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.

A Home for the Holidays A Place To Do Laundry Emergency Place to Stay

Food/Occasional Meals Care Packages At College
 Employment Opportunity Job Search Assistance Career Counseling Housing Hunt
 Recreational Activities Mentor
 Educational Assistance Relationship/Marriage/Parenting Transportation Assistance
with Medical Appointments Storage Motivation
 Someone To Talk To/Discuss Problems A Phone To Use A Computer to Use Clothing
 Spiritual Support Legal Troubles Cultural Experience Apartment Move-In
Cooking Lessons/Assistance Regular Check-in Bills & Money Management Assistance
 Drug & Alcohol Addiction Help Mental Health Support Co-Signer Help Reading
Forms, Complex Documents Mechanical/Bldg. Projects
 Housekeeping Home Decorating Voting Volunteerism Finding Community
Resources Safety & Personal Security Babysitting
 Emergency Cash Social Circle/Community Activities Advocacy Reference
Adoption _____

Financial Agreements (complete for Matrix Category A and B)

Reimbursement of Living Arrangement to adult paid by Central Office DCF/FS:

Current Foster Care Base Rate Continued Foster Care Placement:
 CRF Rate daily rate/day _____ Level 1 Level 2 Level 3

Note: Daily rates to adults do not include the cost of clothing, allowance and incidentals. These are the responsibility of the youth to pay for. Under Act 74 the Youth in Transition law, youth must also contribute to their care based on the sliding fee scale listed below. Contributions will be handled but the local Youth Development granting agency and will be used to cover some of the living costs of this or other youth in an extended care arrangement. .

Youth Contribution (required-based on sliding fee scale)

Youth monthly gross income \$0-\$400 = Youth Contribution is only clothing, allowance and incidentals
\$401-600 = Youth Contribution \$50 + clothing and incidentals
\$601-800 = Youth Contribution \$100 + clothing and incidentals
\$800-1000 = Youth Contribution \$150 + clothing and incidentals
>\$1000 = Youth Contribution \$200 + clothing and incidentals

Other Agreements

- The supportive adult agrees to provide room and board as well as guidance and support to assist the young adult in reaching his/her goals.
- Young adult will sign a Release of Information allowing ongoing communication between the assigned social worker and service providers, including school.
- Young person and supportive adult will meet quarterly with the Youth Development Coordinator to review progress towards self-sufficiency
- Agreement will be reviewed, renewed or adjusted in a period of not more than 6 months
- If circumstance change, all parties agree to immediately notify all signers of the agreement and meet as soon as possible to determine whether the agreement can continue as written or whether it needs to be modified or terminated. If terminated, verbal and written notice of the nature and timing of support and next steps outlined for collaborating to create a new plan. Amended plans should be sent in just like the originals
- The department is no longer responsible for medical care after the age of 18. For your Medicaid

coverage to continue, the young person must apply on his/her own. The Youth Development Coordinator can help with this.

- Other:

Housing Support Program (complete this section if you selected Matrix Category C)

**Youth Development Program
Youth Development Housing Contract Agreement**

This is an agreement between _____, hereafter called participant, and _____, hereafter called social worker, and _____, representing the Youth Development Program, hereafter called the Youth development Coordinator.

This agreement is binding during the participant's engagement in the Youth development Housing Program commencing on _____(date) and terminating on _____ at which time the participant will be financially self-sufficient.

This agreement is subject to change if:

- (a) any part of it is contradictory to future policies or procedures adopted by the Youth Development Program,
- (b) any part of it is contradictory to future rules, polices enacted by governing bodies,
- (c) Negotiated and signed by participant, social worker, and youth development coordinator.

Section A- Participant's Responsibilities

1. The participant will attend _____ school training program until _____ (date) with the following schedule:

- _____
- The participant will work at _____ (@\$ /hr.) for a total of _____ hours per week. Change in employment will occur under the supervision of _____.
 - The participant will contribute \$_____ per month to his/her support for the first _____.
 - The participant's contribution to his/her own support will increase over the next _____ months in the following manner:

Date of Increase	Amount of Contribution
_____ mo./yr.	\$ _____
_____ mo./yr.	\$ _____
_____ mo./yr.	\$ _____
 - The participant will live by the following budget during the first month and review the budget each month thereafter with the social worker and youth development coordinator. All subsequent budgets will be considered a part of this agreement.

Participant's Monthly Budget

Assets	Liabilities/Expenses	Income/Stipend
Car: \$	Rent: \$	Social Security: \$
Savings: \$	Utilities: \$	DCF Ind. Lvg.: \$
	Phone: \$	*Housing Support Program: \$
	Food: \$	Employment: \$
	Home Maintenance:	
	Cloth./Personal Care: \$	
	Transportation: \$	
	Recreation: \$	
Total = \$	Total = \$	Total = \$

*note: amount requesting/month for first _____ months, plus\$ _____ for start-up costs and \$ _____ for last three months. **Total requested Youth Development Housing funds: \$ _____**

- The participant will meet with the youth development coordinator weekly for the first two months to cover the following topics:
 - Money Management/independent living contract budget
 - Employment/job status
 - Educational Program

- Housing situation
 - Roommate Rental Agreement (Room and Board Agreement).
7. The participant will meet with the social worker twice a month. At least one of these meetings will take place in the youth's residence.
 8. The youth will participate in the following additional activities:
 -
 -
 9. The participant will inform the social worker and youth development coordinator within 72 hours (three days) of any major changes in his/her situation, such as quitting or losing a job, leaving education training program, moves, etc.

Failure to follow the terms set forth in this agreement may result in termination from the Youth developmental Housing Program.

Section B-Youth Development Coordinator's Responsibilities

1. The youth development coordinator will meet with the participant at least once a week for the first two months to cover the topics listed in Section A-6.
2. The youth development coordinator will submit a Progress Report Form on a weekly basis to the social worker regarding the participant's progress.
3. The youth development coordinator will initiate a one-time only payment of \$_____ to partially cover the participant's start-up costs.
4. The youth development coordinator will provide monthly payments of \$_____ to contribute to the participant's monthly expenses for the first eight months, with contribution decreasing \$_____/mo. The amount of the Youth Development Housing subsidy will decrease in the following manner:

Date of Decrease	Amount of Stipend
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_____ mo./yr.	\$ _____
_____ mo./yr.	\$ _____
_____ mo./yr.	\$ _____

Section C- Social Worker’s Responsibilities (only applicable if youth is receiving DCF Independent Living Provisional Rate and has an open DCF case)

1. The social worker will initiate the social services subsidy payment each month. The subsidy amount is \$ _____ per month for the first _____ months.
2. The social worker will provide a medical card for the participant for the duration of his/her participation in the Youth developmental Housing Program.
3. The social worker will meet with the participant twice per month. One meeting will take place in the youth’s place of residence.
4. The social worker will review, with the participant, the participant’s monthly budget.
5. The social worker will monitor the participant’s school attendance and work attendance.

**Incidental Expense Grant (complete this section if you selected Matrix Category C)
Check all that apply with amount requesting**

- | | |
|--|--------------------------|
| 1. Education/Training <input type="checkbox"/> | Amount Requested: |
| (GED, ACT, and SAT prep courses, tests/exam fees college application fees, dorm/campus deposits, and orientation fees) | |
| 2. Legal Documents <input type="checkbox"/> | Amount Requested: |
| (birth certificates, passports, IDs) | |
| 3. Driver’s License <input type="checkbox"/> | Amount Requested: |
| (fees for permit and license, driver’s education) | |

4. Initial household start-up items <input type="checkbox"/>	Amount Requested:
(rental security deposits, installation fees, furniture, dishes, linens)	
5. Transportation <input type="checkbox"/>	Amount Requested:
(public transportation costs related to education or family contact, gas cards, bicycle and helmet, minor repairs and tires for vehicle owned by the young person)	
6. Phone and utilities <input type="checkbox"/>	Amount Requested:
7. Computer <input type="checkbox"/>	Amount Requested:
8. College Supplies <input type="checkbox"/>	Amount Requested:
9. Medical/Dental expenses <input type="checkbox"/>	Amount Requested:
(expenses not covered by insurance)	
10. Work-related items <input type="checkbox"/>	Amount Requested:
(tools, apprentice fees, clothing)	
11. One-time emergency expenses <input type="checkbox"/>	Amount Requested:
12. Other reasonable expenses <input type="checkbox"/>	Amount Requested:

Signatures (complete for all agreements)

_____	_____
Young Adult	Date
_____	_____
Adult Partner(s)	Date
_____	_____
Residential Facility or Community-Based Residential Provider	Date
_____	_____
Youth Development Coordinator	Date
_____	_____
Social Worker	Date

_____	_____
District Director/Supervisor	Date
_____	_____
Central Office Designee	Date
Date of next review:	

Checklist of Supporting Documentation for all agreements:

- Transition Plan or learning plan
- Education Plan, as appropriate
- Ansell-Casey Life Skills Assessment (at 30 day screening into program or post at discharge from DCF)
- Verification of Productive Time Activities (letters of support from community partners of specified activities summarizing status of participation or enrollment)
- Release of Information (please specify the information to be shared and to whom)

Checklist of Supporting Documentation for Adult Living Program agreements:

- Permanency PACT completed and signed
- Verification of Productive Time Activities (letters of support from community partners of specified activities summarizing status of participation or enrollment)

Checklist of Supporting Documentation for Housing Support Program agreements &/or Incidental Expense Grants:

- Proof of Educational/Vocational Enrollment (letter from institution verifying enrollment status)
- Proof of Employment (most recent paystub (s))
- Copy of Bank Statement
- Verification of Productive Time Activities (letters of support from community partners of specified activities summarizing status of participation or enrollment)
- Budget and plan for financial independence
- Quarterly Billing Coversheet
- Copy of Financial Aid Award Letter (for youth enrolled in post-secondary institution)