

Voluntary Placement Agreement for Foster Care 18 to 21

PURPOSE:

This agreement is between the _____ County Department of Social Services
(Name of County)

and _____; _____, who has requested to receive Foster Care 18 to 21
(Full Name of Young Adult) (Date of Birth)

benefits and services, and meets at least one of the following eligibility requirements:

- ☐ Completing secondary education or a program leading to an equivalent credential;
- ☐ Enrolled in an institution that provides postsecondary or vocational education;
- ☐ Participating in a program or activity designed to promote, or remove barriers to employment;
- ☐ Employed for at least 80 hours per month; or
- ☐ Incapable of completing the education or employment requirements due to a medical condition or disability.

This agreement outlines the specific rights and responsibilities of the young adult and the county child welfare agency as it relates to the provision of Foster Care 18 to 21 services.

YOUNG ADULT'S RIGHTS:

As a young adult receiving Foster Care 18 to 21 services, you have the right to:

- Approve the release of your personal identifying information in order to obtain services, including placements.
- Reside in an approved placement as long as you continue to meet one of the eligibility requirements listed above.
- Live in a setting free of violence, abuse, neglect and fear.
- Receive adequate medical, dental, and mental health care as needed.
- Make and receive phone calls and send and receive unopened mail.
- Visit and have contact with your family and supports.
- Establish and have access to a bank or savings account in accordance with state laws and federal regulations.
- Communicate with your social worker, and have calls made to your social worker returned within a reasonable period of time.
- Attend school, social and religious services/activities of your choice (as coordinated with your placement provider and social worker).

YOUNG ADULT'S RESPONSIBILITIES:

As a young adult received Foster Care 18 to 21 services, I agree to the following responsibilities:

- Meet at least one of the eligibility requirements listed above in order receive Foster Care 18 to 21 services, and provide verification of my eligibility conditions when requested.
- Reside in a placement that has been approved by the county department of social services.
- Work in partnership with my Transition Support Team to develop an individualized Transitional Living Plan, and attend all Transition Support Team meetings and court reviews.

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- Follow through with my responsibilities as outlined on my Transitional Living Plan, participate in identified services and monthly contacts with my social worker, and keep my support team informed of my needs.
- Abide by the rules and regulations set within my placement setting.
- Abide by the rules and regulations set within my place of employment, if applicable.
- Communicate any problems with my placement, schooling, employment, or services, and work with my social worker to find solutions.
- Notify my social worker immediately when there has been a change in my placement, contact information, educational or vocational setting, or employment.

Further, I understand that:

- The county department of social services is required to verify my enrollment in school, employment, participation in a program to promote employment, or medical condition that affects my ability to work or go to school.
- My placement must be approved by the agency prior to receiving Foster Care 18 to 21 benefits.
- If I choose to terminate Foster Care 18 to 21 services, I can later request to resume services if am under the age of 21 and meet the eligibility requirements.

AGENCY RESPONSIBILITIES:

The county child welfare agency agrees to:

- Provide continued foster care benefits and services as long as the eligibility requirements are maintained and the young adult is residing in an approved placement; this includes but is not limited to: foster care maintenance payments, case management, monthly contacts, and other services according to the young adult's individualized plan.
- Work in partnership with the young adult to develop a written Transitional Living Plan, review the plan as required, provide notification of reviews, and provide a copy of the plan to the young adult.
- Assist the young adult in developing and achieving goals for independent living, and utilizing services and supports to help meet his/her needs and maintain eligibility for Foster Care 18 to 21 services.
- Establish a plan and make efforts to seek life-long permanent connections.
- Assist the young adult in finding a new placement in the event his/her current placement becomes an unsafe or inappropriate living arrangement.
- Ensure that the young adult has Medicaid or other health insurance, and assist with getting medical, dental, and/or mental health care as needed.

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SIGNATURES:

My signature below denotes I have been informed of Foster Care 18 to 21 services and understand that I will be eligible for services upon my 18th birthday. Further, I intend to enroll in Foster Care 18 to 21 services upon my 18th birthday and understand that it is a voluntary program and services can be terminated at my request.

Signature of Young Adult	Date	Signature of Social Worker	Date
Signature of Legal Guardian (if applicable)	Date	Signature of Supervisor	Date

AGREEMENT (to be signed on or after the young adult's 18th birthday):

This agreement, between _____ County Department of Social Services and
(Name of County)
_____, is effective on the date of the young adult's 18th birthday, or if the
(Full Name of Young Adult)
young adult is over 18 years of age, the date the agreement is signed.

I hereby request to remain the placement responsibility of _____ County Department of Social Services and I agree to the provisions contained in this agreement. My signature below gives the county department of social services authority to provide foster care benefits and services for which I am eligible.

Signature of Young Adult	Date of Agreement
Signature of Legal Guardian (if applicable)	Date of Agreement
Signature of Director or Designee	Date of Agreement

TERMINATION OF AGREEMENT:

This Voluntary Placement Agreement has been terminated because:

- ☐ The young adult has reached his / her 21st birthday.
- ☐ The young adult no longer meets at least one of the eligibility requirements for Foster Care 18 to 21 services.
- ☐ The young adult requested to terminate the agreement by notifying the county department of social services verbally or in writing.
- ☐ The court has determined the young adult is not meeting the goals of the Transitional Living Plan and/or the young adult has violated the Voluntary Placement Agreement for Foster Care 18 to 21 Services.
- ☐ The young adult has been absent from his / her approved placement for more than 30 days without approval from the county department of social services, and the court has terminated services.

The Voluntary Placement Agreement for Foster Care 18 to 21 Services between the young adult named above and the county department of social services has hereby been terminated due to the reason stated above.

Date Terminated: _____

Signature of Young Adult	Date	Signature of Social Worker	Date
Signature of Legal Guardian (if applicable)	Date	Signature of Director or Designee	Date

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Addendum: Intercounty Agreement

THIS AGREEMENT made this _____ day of _____, 20____, by and between the _____ County Department of Social Services hereinafter called the RESIDENT COUNTY, and _____ County Department of Social Services hereinafter called the COUNTY OF ORIGIN, concerning the supervision and service delivery of:

Young Adult Name:	DOB:
Address: (number, street, city, and ZIP code)	Telephone Number: ()

The agreement will be effective on the _____ day of _____, 20____.
(This date must be the same date the VPA is signed)

Placement Approval:

The RESIDENT COUNTY / COUNTY OF ORIGIN hereby agrees to assess the young adult's desired placement and determine whether or not it is appropriate.

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Payment:

The RESIDENT COUNTY / COUNTY OF ORIGIN hereby agrees to provide the monthly foster care maintenance payments and submit to the state for reimbursement.

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Monthly Contacts and Supervision:

The following are terms and conditions regarding monthly contacts and supervision that the Resident County and County of Origin have agreed upon:

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Transitional Living Plan:

The following are terms and conditions regarding the development of the young adult's Transitional Living Plan that the Resident County and the County of Origin have agreed upon:

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Transition Support Team Meetings:

The following are terms and conditions regarding Transition Support Team Meetings that the Resident County and County of Origin have agreed upon:

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Medicaid or Other Health Insurance:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for providing Medicaid or ensuring the young adult is receiving other health insurance.

Verification of Eligibility Conditions:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for verifying the young adult's ongoing eligibility conditions, including both program and funding eligibility.

Credit Checks:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for assisting the young adult with yearly credit checks.

Other:

The following are additional terms and conditions regarding Foster Care 18 to 21 services for the above named young adult hereby agreed upon by the Resident County and County of Origin:

(Young Adult)

(Date)

(Director of Resident County/Designee)

(Date)

(Director of County of Origin/Designee)

(Date)