**EXTENDED CARE**

**VOLUNTARY SERVICES AGREEMENT**

*TO SUBMIT THIS FORM FOR APPROVAL EMAIL* *YDP@WCYSB.ORG*

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| **EFFECTIVE DATES -** *INDICATE* ***SIX*** *MONTH TERM*  |
| Beginning:        | Ending:        |

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| **PERSONAL INFORMATION**   |
| Name (Legal):       |
| DOB:       | SSN #:       | Medicaid #:        | Family/Child #:       |
| Address:       | Phone:       | Email:       |
| Date of entry into DCF custody:       | Date of discharge from DCF custody:       |

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| **Type of Agreement**  |
| [ ]  **Completion of secondary education**  *(CATEGORY A - For FULL-TIME HIGH SCHOOL STUDENTS WHO REACH their 18th bday while in DCF custody** PLACEMENT:                                               DAILY RATE: $
* ANTICIPATED DATE OF HIGH SCHOOL GRADUATION:

[ ]  **Adult Living Program** *(Category B -*  *Extended foster care)** STANDARD RATE: $17.14
* CONTINUED RATE: $
* SET RATE: $

[ ]  **YOUTH INVESTMENT grants** *(Category C -*  *independent living and INCIDENTAL LIVING GRANTS)**(CHOOSE BELOW)*

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| **FUNDING NEEDS** | **DESCRIPTION, RATE & DISBURSEMENT SCHEDULE** |
| Housing-Rent Subsidy $     *Independent living subsidies (paid to a landlord)* |  |
| Housing-Security Deposit $      *Deposits for stable independent housing* |  |
| Housing-Other $      *Household needs, utilities, storage* |  |
| Education-Tuition $     *Tuition*  |  |
| Education-Other $     *Computers, testing, applications, fees, textbooks* |  |
| Relationships $      *Activities nurturing lifelong connections* |  |
| Enrichment $     *Camps, sports, music lessons, field trips, internships*  |  |
| Normalcy $     *Activities supporting normal development* |  |
| Employment $      ***Work clothes, shoes, supplies, stipends*** |  |
| Transportation-Driving $     *Drivers education and practice, permits, licenses* |  |
| Transportation-Other $     *Repairs, registration, insurance, bicycles*  |  |
| Health $     *Insurance premiums, deductibles, co-pays, supplies* |  |
| Identification $      *Non-driver ID, citizenship documents* |  |
| Basic Needs $      *Groceries, clothing, parenting related* |  |
| **TOTAL $\_\_\_\_\_\_**  |  |

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| **MY YOUTH DEVELOPMENT COORDINATOR**  |
| Name:       | District:       | Agency:       |
| Address:       | Phone:       | E-Mail:       |

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| **MY DCF WORKER**  |
| Name:       | District:       |
| Address:        | Phone:       | E-Mail:       |

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| **MY FOSTER PARENT/ADULT LIVING PARTNER/GUARDIAN**  |
| Name (Legal):        | DOB:       | SSN:        |
| Address:       | Phone:       | E-Mail:       |

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| **MY RESIDENTIAL PROGRAM** |
| Agency:       | Point Person:       |
| Address:       | Phone:       | E-Mail:       |

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| **MY NATURAL SUPPORTS**  |
| Name:       | Address, Phone, E-Mail:       |
| Relationship and support offered:       |
| Name:       | Address, Phone, E-Mail:       |
| Relationship and support offered:       |
| Name:       | Address, Phone, E-Mail:       |
| Relationship and support offered:       |

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| **SERVICE PROVIDERS ON MY TEAM**  |
| Service providers/programs I am connected to:       |
| What services I receive and how services are coordinated:       |

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| **MY GOALS & TIMELINES** *ATTACH MOST RECENT DCF CASE PLAN AND/OR DESCRIBE AT LEAST 3 GOALS, STEPS, AND TIMELINES* |
| **GOAL:**       |
| Steps to achieving my goal:       |
| Timeline:       |
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| **GOAL:**       |
| Steps to achieving my goal:       |
| Timeline:       |
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| **GOAL:**       |
| Steps to achieving my goal: |
| Timeline:       |

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| **HOW DOES EXTENDED CARE FUNDING SUPPORT MY GOALS**  |
|       |

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| **MY STRENGTHS AND RESOURCES**  |
|       |

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| **POTENTIAL BARRIERS TO MY PROGRESS**  |
|       |

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| **HOW I WILL MANAGE THESE BARRIERS**  |
|       |

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| **MY WEEKLY PRODUCTIVE TIME** | **SPECIFIC ACTIVITIES & LOCATION** | **HOURS/WEEK**  |
| Education or Training  |       |       |
| Employment |       |       |
| Community Involvement |       |       |
| Therapeutic Activities |       |       |
| Other Activities |       |       |

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| **ADDITIONAL REQUIRED DOCUMENTATION PER CATEGORY** |
| **CATEGORY A, B & C** | **CATEGORY A ONLY** | **CATEGORY B ONLY** | **CATEGORY C ONLY** |
| [ ]  Intake Assessment & Locator[ ]  Youth Connections Scale[ ]  Verification of Productive Time [ ]  Releases of Information | [ ] Current DCF Case Plan | [ ]  Background Check Release[ ]  Permanency Pact[ ]  Living Agreements | [ ]  Youth Budget  |

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| **SIGNATURES** |  **DATE** |
| Participant **(A, B, C)** |  |       |
| Youth Development Coordinator **(A, B, C)**  |  |       |
| Adult Living Partner **(A, B)** |  |       |
| Guardian/DCF Social Worker **(A)*****Legal guardian signature needed for all youth under 18***  |  |       |
| District Director/Designee **(A)**  |  |       |
| YDP Statewide Director/Licensed Practitioner **(B, C)**DCF Policy & Practice Specialist **(A)** |  |       |
| Diagnosis Code | Phase of Life Problem Z 60.0 |  |