**EXTENDED CARE**

**VOLUNTARY SERVICES AGREEMENT**

*TO SUBMIT THIS FORM FOR APPROVAL EMAIL* [*YDP@WCYSB.ORG*](mailto:YDP@WCYSB.ORG)

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)*   |  |  | | --- | --- | | **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 $\_\_\_\_\_\_** |  | | | | | |
| **MY YOUTH DEVELOPMENT COORDINATOR** | | | | |
| Name: | District: | | Agency: | |
| Address: | | Phone: | | E-Mail: |

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

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

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

|  |  |
| --- | --- |
| **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: | |

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

|  |
| --- |
| **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: |
|  |
| **GOAL:** |
| Steps to achieving my goal: |
| Timeline: |
|  |
| **GOAL:** |
| Steps to achieving my goal: |
| Timeline: |

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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 |  |