



Georgia Division of Family and Children Services Voluntary Placement Agreement for Extended Foster Care

Young Adult Name:	Date of Birth:	
Legal County:	Boarding County:	
Social Services Case Manager:	Independent Living Specialist:	Region:
Permanency Plan for Extended Care: Choose an item.		

This Agreement is between _____ (*youth/young adult's first and last name*) and the Georgia Division of Family and Children Services (DFCS).

I have met with my Case Manager or Independent Living Specialist to talk about voluntarily re-entering foster care as an adult who has previously been in the foster care system within Georgia. By signing this agreement, I understand that I am voluntarily agreeing to re-enter foster care within Georgia and receive foster care services up until the age of 21 from DFCS.

PART 1: ELIGIBILITY

This section describes the requirements for eligibility and enrollment. Provide your first and last name initial next to each commitment.

_____ I confirm that I had an open dependency case on my 18th birthday and am not within 12 months of my 21st birthday.

_____ Within 60 days of signing this agreement, I agree to start and maintain my eligibility for extended foster care by doing one of the following:

- a. Attending high school or earning my GED; OR
- b. Enrolling in and attending college, community college, or a vocational education program; OR
- c. Participating in a program designed to help me find and keep a job (for example: job search, job training, career counseling, etc.); OR
- d. Working for at least 120 hours each month; OR
- e. Working for 80 hours per month and engaged in a., b., or c. above or being unable to work for more than 80 hours per month due to a verified medical condition; OR
- f. Being unable to satisfy any of the above criteria due to a verified medical condition (documentation must be provided from medical provider)

_____ I agree to provide my Social Services Case Manager with proof of my continued eligibility. Proof of eligibility may include the following:

- For Employment: providing a copy of my work schedule and pay stubs monthly.
- For Education: providing authorization to my Social Services Case Manager to verify education participation.
- For a program or activity designed to promote or remove barriers to employment: proof of enrollment, attendance or other documentation of participation.

_____ I agree to tell my Social Services Case Manager as soon as possible if 1) I am having any problems maintaining my eligibility, 2) if I have any changes in my work schedule, income, school financial aid, or 3) if I have any changes in my education programming or admission.

- _____ I understand that if I lose my job through no fault of my own, I will have 120 days to locate a new job. During this time, I must apply for at least 10 jobs each week. The *Job Search Form* to verify will be provided by the ILP Unit or placement provider.
- _____ I understand that if I lose my job because of something I did, I will have 90 days to find a new job. During this time, I must apply for at least 10 jobs each week
- _____ I understand that if I choose to leave my school or training program, I will have 90 days to find a job. During this time, I must apply for at least 10 jobs each week

_____ I agree to work towards completing identified goals in the case plan and work with my Social Services Case Manager to update my Case Plan goals at least once every six months.

_____ I agree to meet face-to-face with my Social Services Case Manager at least once each month, and to also talk to my Social Services Case Manager (example: by phone or Skype) at least once each month. I understand that the only exception to monthly face to face contacts is if I am attending school outside of Georgia.

_____ I agree to work towards developing and completing my transition plan.

_____ I agree to attend a Juvenile Court hearing at least once every twelve (12) months to review my Case Plan goals with the Judge.

_____ I agree to inform my Social Services Case Manager within 30 days if I choose to leave extended foster care. I understand that I may voluntarily return to extended foster care *two times*, but I will not be able to return if I am within 12 months of my 21st birthday.

_____ I understand that if I choose to end my participation in Extended Foster Care, or if I am discharged from extended foster care, I may still request to receive limited Post Foster Care assistance from DFCS, such as emergency housing, educational funds, or other short-term benefits designed to assist me in my successful transition to adulthood.

PART 2: PLACEMENT AND HOUSING

This section describes the requirements and housing options for the young person.

_____ I understand that I must live in a placement approved by DFCS, and that I must follow the rules of the placement setting. Placement settings include:

- Relative home
- Legal guardian
- Foster family home
- Group home
- Transitional housing
- Supervised independent living placement
- College dorm

_____ I agree to contact my Social Services Case Manager within seven (7) calendar days if my address, phone number, or other contact information changes. This includes leaving campus for summer or holiday break periods if I am a college student living on campus.

_____ I agree to tell my Social Services Case Manager within 24 hours after I complete a planned move to a new housing location or move out of my current placement for any reason.

_____ If I am married, I understand that my spouse is not allowed to stay in my DFCS paid/sponsored housing. If we desire to live together, we will need to find housing that is not paid through DFCS Extended Foster Care Services.

_____ I understand that if I am placed in a supervised independent living program (ILP), that I may be expected to contribute towards my housing expenses to support my financial independence. I understand that my contribution will be determined by both my income and the total housing expenses. I understand that my contribution will gradually increase over time so that I am able to afford the entire housing costs by my 21st birthday.

PART 3: BENEFITS

This section describes the financial responsibilities of extended foster care.

_____ I understand that any monthly benefits, such as Supplemental Security Income (SSI), Retirement, Survivors, and Disability Insurance (RSDI), received from the Social Security Administration (SSA) by me, or my representative payee, must be turned over to DFCS so that DFCS may use them to pay for my foster care for as long as I remain in the Extended Foster Care Program.

_____ I understand that I am eligible to receive Medicaid for former foster youth (also known as Chafee Medicaid) until my 26th birthday, regardless of my income or financial resources.

_____ I understand that I may request a Fair Hearing to review any decision denying, reducing or terminating my benefits.

_____ I understand that I am eligible to participate in the Individual Development Account (IDA) program, where I can open a matched savings account and gain assets and resources needed for independent living.

PART 4: Termination from Extended Foster Care

This section describes the termination of extended foster care.

_____ I understand that I can request to terminate participation in DFCS' Extended Foster Care program.

_____ I understand that I may be involuntarily discharged from extended foster care if one of the following happens:

- I am unable to maintain eligibility
- I refuse to follow the mandatory program requirements
- I refuse to cooperate with my Social Services Case Manager

_____ I understand that this agreement will end when I am no longer eligible or if I fail to comply with eligibility requirements for Extended Foster Care set forth by the Division.

PART 5: Consent and Signature

Consent for Educational Records

I agree and consent to DFCS accessing my educational records in compliance with the Family Educational Rights and Privacy Act (FERPA) for the purpose of identifying and providing appropriate education support services to support my academic attainment and to promote my independence.

I do not consent to DFCS accessing my educational records.

Consent for Health Records

- I agree and consent to DFCS accessing my health records in compliance with the Health Information Portability and Accountability Act (HIPAA) for the purpose of identifying and coordinating appropriate health related support services. I was provided with a copy of the HIPAA Privacy Practices.
- I do not consent to DFCS accessing my health records.

I have read and/or had explained to me this Voluntary Placement Agreement to participate in Extended Foster Care beyond my 18th birthday and sign it of my own free will.

Young Adult's or *Authorized Individual's Signature

Date

Case Manager Signature

Date

County Director Signature

Date

NOTE: The young adult must be provided a copy of this completed form. If the Extended Foster Care request is not mutually agreed upon by the County Department, it must be referred to the State GA RYSE/Chafee Program Director for review.

*** Authorized Signature (check below if you are an Authorized Signer for the Young Adult)**

When the young adult has impaired decision-making capacity, consent may be provided by an individual authorized under state law to give consent on the young adult's behalf.

- By signing above, I attest that I am authorized by state law to provide consent on the young adult's behalf due to his/her impaired decision-making capacity.