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|  | **Extended Foster Care Program**  **Voluntary Placement Agreement (VPA)** | PERSON IDENTIFICATION (ID) | |
|  | DATE OF BIRTH | |
| This Agreement is between  (youth’s name) and DCYF | | | |
| 1. **The Youth Certifies:**    * I had an open dependency on my 18th birthday and have not reached the age of 21 or older.    * I understand that the law requires me to be under the “placement and care authority” of DCYF and, within 179 days of signing this agreement, to be found as a non-minor dependent in a juvenile court proceeding. | | | |
| 1. **DCYF will assist the youth with:**  * Making ongoing progress completing identified goals in my case plan, which may include education, vocation, employment, and other skills needed for independence. * Being involved in decisions about my case and, if I do not already have an attorney, one will be assigned to me by the court to help me through the court process. * Comply with all dependency court orders (for example, participate in services provided to assist in my transition). * Complying with any placement rules. * Not ~~l~~eaving my placement for more than 72 hours without permission. * Meeting with my assigned social worker at least monthly to review my progress. * If the Social Security Administration has determined that you are not capable of managing your benefits, then DCYF will apply for consideration to serve as your representative payee. | | | |
| 1. **DCYF Agrees to:**  * Provide and support the placement or living situation, where authorized by law, and provide foster care services to the youth. * Verify the youth’s participation in an educational / vocational / removing barriers activity / employment / medical condition. * Continue to provide Independent Living Skills or transition services to the youth. * Assist the youth in coordinating services with other administrations or agencies that offer benefits for which the youth is eligible. * Review and update the case plan with the youth. * Meet face to face with the youth at least one time each month. | | | |
| 1. **This agreement will end when the youth:**  * Is ordered a dependent by the juvenile court giving DCYF placement and care authority over the youth, or   + No longer agrees to enter into Extended Foster Care   + The youth is age 21 or older. | | | |
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| SIGNATURE OF CLIENT | | | DATE |
| SIGNATURE OF DCYF CASE WORKER | | | DATE |
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