FOSTER CARE ALUMNI REFERRAL

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE DIVISION/ND CHAFEE FOSTER CARE INDEPENDENCE PROGRAM
SFN 1614 (3-2015)

Clear Fields

To be completed by the Foster Care Alumni.

ELIGIBILITY

Participant was in foster care at the age 16 or older.	☐ Yes ☐ No
Participant was adopted from foster care or entered kinship guardianship after age 16.	☐ Yes ☐ No

DEMOGRAPHICS

Name			Date of Birth
Gender ☐ Male ☐ Female	Race ☐ Caucasian ☐ Native American ☐ Asian ☐ African American ☐ Hispanic ☐ Other (mixed)		
Email Address	Telephone Number	Cell Phone Number	Texting ☐ Yes ☐ No
Status ☐ Single ☐ Married ☐ Divorced	Are you a parent? ☐ Yes ☐ No	Number of Child Dependents	Driver's License ☐ Yes ☐ No
Transportation ☐ Own Car ☐ Bus ☐ Taxi ☐ Walk ☐ Bike ☐ Other (specify):			
Medical Insurance ☐ Yes ☐ No	Ever Been Homeless ☐ Yes ☐ No ☐ Don't Know	Current Living Arrangement	
Current Address	City	State	ZIP Code
Name of Emergency Contact	Relationship	Telephone Number	

FORMER FOSTER CARE INFORMATION

Former custodian must complete a Foster Care Verification (SFN 1612) for this participants file.

Name of Former Custodian Agency	Name of Former Case Manager
Length of Time in Foster Care	Age at Time of Discharge

EDUCATION

Name of School Graduated From	Graduation Date	GED
Name of Current School	Degree Choice	
Currently not going to school, but would like to go: ☐ Full-Time ☐ Part-Time		

EMPLOYMENT

Name of Employer	☐ Full Time (32+ hours) ☐ Part Time
Length of Time Employed	Seeking Employment ☐ Yes ☐ No

OTHER

Any special needs?	☐ Yes ☐ No - If yes, explain:
Any mental health concerns?	☐ Yes ☐ No - If yes, explain:
Any medical concerns?	☐ Yes ☐ No - If yes, explain:

Continue on next page

OTHER (continued)

Any addiction concerns?	☐ Yes ☐ No - If yes, explain:
Any legal issues/ concerns?	☐ Yes ☐ No - If yes, explain:
Any budget/financial concerns?	☐ Yes ☐ No - If yes, explain:
List Any Other Needs/Concerns	

PURPOSE OF CFCIP SERVICE AGREEMENT

The North Dakota Chafee Foster Care Independence Program (CFCIP) **Foster Care Alumni & ETV** components are designed to assist former foster care youth ages 18 to 21 successfully transition to self sufficiency. Youth verification that they have been in foster care must be documented as part of the **CFCIP** Service Agreement. The program offers a wide variety of services and supports that promote self-sufficiency. By signing this voluntary agreement, you affirm that you have been in foster care, understand that you are responsible for your actions, and agree to comply with all **CFCIP** requirements, including the terms listed below.

Chafee Program Responsibilities

1. **CFCIP** will provide staff to support your independent living efforts and will work with you to help identify and meet your independent living needs and goals.
2. **CFCIP** will work diligently to provide available services to you or refer you to other providers as deemed appropriate.
3. **CFCIP** will communicate openly, honestly, and respectfully with you and will inform you of the programs expectations, policies and procedures.
4. **CFCIP** will help you learn about and access available public and private benefits.

Youth Participant Responsibilities

1. **You** will actively participate in identifying your independent living needs and achieving your goals.
2. **You** will interact with program staff and participants respectfully and will not pose a threat to your safety or the safety of others.
3. **You** will communicate openly, honestly, and respectfully with staff.
4. **You** will keep staff informed about your progress in meeting your independent living goals (contact at least monthly).

Other Terms and Conditions

In signing this agreement, you agree that: **You** have been informed of program expectations, policies, and procedures.

1. **CFCIP** is not responsible or liable for things that you do or fail to do.
2. **CFCIP** has your permission to use your name and information in accordance with applicable law.
3. **CFCIP** has your permission to communicate with other agencies pertinent information about you for the purpose of arranging services and obtaining follow up information.
4. **You** will cooperate in the **CFCIPs** effort to improve and evaluate its services by completing feedback, consent, and other forms as requested by program staff on a periodic basis.

Termination of Agreement

This agreement will remain in effect unless terminated in writing by you or the program, for any reason and at any time. **CFCIP** participants have the right to file a complaint about the way they are treated within the program including decisions that are made by **CFCIP** staff. If you ever need to file a complaint, talk to your case manager or their supervisor at the agency. In addition, the State Chafee IL Administrator can be reached at 701-328-4934.

Required Signatures

We, the undersigned, agree to all the terms and conditions of this agreement and any attachments.

Youth Participant Signature	Date
Chafee IL Coordinator Signature	Date
IL Coordinator Supervisor Signature (if applicable)	Date

Please complete:

☐ Alumni Referral (SFN 1614) ☐ Release of Information

☐ Foster Care Verification (SFN 1612) ☐ Other forms required by Chafee Provider