18+ CONTINUED FOSTER CARE AGREEMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE
SFN 60 (10-2017)

Clear Fields

This voluntary agreement is between:

Department of Human Services or Its' Agent
Name of Child
Name of Foster Care Provider

Child:

I agree to one or more of the following requirements and agree to provide verification of the requirement(s) to my case worker: (Check all that apply.)

- ☐ Complete high school or enroll in an educational program leading to a General Equivalency Diploma (GED) exam.
- ☐ Participate in college or vocational school as a part-time or full-time student. (Eligibility remains active during semester, summer or other academic break. I understand I should be working or volunteering when on an extended break.) A part-time student should also be working part-time or volunteering.
- ☐ Participate in a program or activity designed to promote or remove barriers to employment (e.g. Job Corps).
- ☐ Maintain employment for at least 80 hours per month at one or more places of employment.
- ☐ Work with case worker to provide documentation that I am incapable of doing the previously described educational or employment activities due to a documented medical condition that has been approved by the administrative county and verified by a licensed physician, physicians assistant, psychologist or Vocational Rehabilitation Counselor.

I agree to inform the administrative county as soon as possible, but no later than my monthly contact with my case worker, about any changes in how I am meeting one or more of the eligibility requirements.

I agree to participate with my case worker in a face to face monthly visit at an agreed upon place and time.

I agree to discuss any problems with my placement (living arrangement) and work with the administrative county in an effort to find solutions.

I agree to attend my Foster Care Child & Family Team meetings, and assist in the development of my case plan, which will include an independent living plan. I agree to work toward meeting the goals and timeframes set in my case plan.

I agree to follow the rules set by my foster care provider, college dormitory or Job Corps, etc.

I agree to inform my case worker of any changes in my address and contact information as soon as possible, preferably within 24 hours of relocating. If no contact is made within 2 weeks, this agreement will end.

I agree to give placement and care responsibility to:

Name of Administrative County

I understand that any of my behaviors which result in involvement with the legal system may result in immediate discharge from the foster care system.

Name of Administrative County

Administrative County:
The administrative county shall process all required documentation needed for continued foster care payments and Medicaid for the child in a timely manner.

The administrative county shall provide supports and services as well as assist the child in developing and achieving goals for independent living, as described in the child's case plan.

The administrative county shall assist the child in building life-long relationships with family, siblings, and other caring, safe and supportive individuals, if the child chooses to build or maintain these relationships.

The administrative county shall provide notification of Foster Care Child & Family Team meetings, and provide a copy of the case plan to the child and the foster care provider. The administrative county shall update the child's case plan at each Foster Care Child & Family Team meeting.

The administrative county shall provide foster care services and maintenance for the child as long as eligibility condition(s) and associated verification(s) are maintained.

The administrative county shall provide written notice to the child if the 18+ Continued Foster Care Agreement will be terminated.

The administrative county shall provide support to the foster care provider(s).

Foster Care Provider:
The foster care provider shall participate in the Foster Care Child and Family team meetings.

The foster care provider shall provide supports and services as well as assist the child in developing and achieving goals for independent living, as described in the child's case plan.

The foster care provider shall inform the administrative county if the child no longer meets the eligibility requirement(s) for continued foster care.

This agreement can be terminated at any time if one of the above parties is not in agreement with or in compliance with the provisions listed above, or the policy set forth in manual chapter 624-05.

Signatures:
I agree to the provisions contained in this 18+ Continued Foster Care Agreement.

Signature of Child
Signature of Department of Human Services or Its' Agent
Signature of Foster Care Provider
Signature of Foster Care Provider

Effective Date of Agreement

* Continued Foster Care date = day **before** their 18th birthday.
* Returned to Foster Care date = day **returned** to foster care.

Copies: ☐ Child ☐ Foster Care Provider ☐ Administrative County ☐ Regional Supervisor ☐ Eligibility Worker