18+ CONTINUED FOSTER CARE AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-FOSTER CARE
SFN 60 (11-2022)

Clear Fields

This voluntary agreement is between:

Name of Placement and Care Agency	Eligibility Status at Discharge/Age 18 ☐ Title IV-E ☐ Not Title IV-E
Name of Child	
Name of Foster Care Provider	

18+ Child:

I agree to one or more of the following program category requirements and agree to provide verification of the requirement(s) to my case manager: (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 manager 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 agency and verified by a licensed physician, physicians assistant, psychologist or Vocational Rehabilitation Counselor.

I agree to:

Inform the agency as soon as possible, but no later than my monthly contact with my case manager, about any changes in how I am meeting one or more of the program category requirements.

Participate with my case manager in face-to-face monthly visits at an agreed upon place and time.

Discuss any problems with my placement (living arrangement) and work with the agency in an effort to find solutions.

Attend my Child & Family Team Meetings (CFTM), 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.

Follow the rules set by my foster care provider, supervised independent living setting, college dormitory or Job Corps program.

Inform my case manager 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.

Give placement and care responsibility to:

Name of Agency

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.

Initials of Child

Placement and Care Agency Shall:
Obtain and provide the central FCSA Eligibility Unit all required documentation needed for foster care eligibility payments and medical services.

Provide supports and services as well as assist the child in developing and achieving goals for transition to adulthood, as described in the child's case plan.

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.

Provide notification of CFTM's and provide a copy of the case plan to the child and the foster care provider. The agency shall update the child's case plan at each CFTM.

If 18+ is a tribal case, the tribal case manager must provide documentation to the central FCSA Eligibility Unit for data entry purposes into the required foster care data management systems.

Provide foster care services and access to maintenance reimbursement for the child as long as eligibility condition(s) and associated verification(s) are maintained.

Provide written notice to the child if the 18+ Continued Foster Care Agreement will be terminated.

Provide support to the foster care provider(s).

Foster Care Provider Shall:
Participate in the Child and Family Team Meetings (CFTM).

Provide supports and services as well as assist the child in developing and achieving goals for transition to adulthood, as described in the child's case plan.

Inform the agency if the child no longer meets the eligibility requirement(s) for continued foster care.

Participate in negotiations regarding monthly maintenance payment distribution.

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

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

Signature of 18+ Child
Signature of Agency
Signature of Foster Care Provider
Signature of Foster Care Provider

* Effective Date of Agreement

Title IV-E Eligible Child:
* Continued Foster Care date = day **before** their 18th birthday.
* Returned to Foster Care date = day **returned** to foster care.

Not Title IV-E Eligible Child:
* New Foster Care date = day **after** current court order expired. New eligibility determination required, child must complete Title IV-E Title XIX Application-Foster Care (SFN 641).
* Return to Foster Care Date = day **returned** to foster Care.

Copies: ☐ Child ☐ Foster Care Provider ☐ Placement and Care Agency ☐ Eligibility Worker