THE CHAFEE PROGRAM - FOSTER CARE ALUMNI REFERRAL

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
SFN 1614 (11-2018)

Clear Fields

To be completed by the Foster Care Alumni.

ELIGIBILITY

PRIORITY I:

Participant:

- Aged out of foster care at the age of 18 or older? ☐ Yes ☐ No
- Was adopted from foster care at the age of 16 or older? ☐ Yes ☐ No
- Entered a kinship guardianship from foster care at the age of 16 or older? ☐ Yes ☐ No

PRIORITY II:

- Participant was in foster care at the age of 14 or older? ☐ 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 Date
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:
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 CHAFEE SERVICE AGREEMENT

The North Dakota Chafee Program Foster Care Alumni & ETV components are designed to assist eligible former foster care youth successfully transition to self sufficiency. Youth verification that they have been in foster care must be documented as part of the Chafee 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 and agree to comply with all Chafee requirements, including the terms listed below.

Chafee Program Responsibilities

The Chafee Program will:

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

Youth Participant Responsibilities

You will:

1. actively participate in identifying your transition needs and achieving your goals.
2. interact with program staff and participants respectfully.
3. communicate openly and honestly with staff.
4. keep staff informed about your progress in meeting your transition goals (contact at least monthly).
5. cooperate in the program's effort to improve and evaluate its services by completing feedback, consent, and other forms as requested by program staff on a periodic basis.

Other Terms and Conditions

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

The Chafee Program:

1. is not responsible or liable for things that you do or fail to do.
2. has your permission to use your name and information in accordance with applicable law.
3. has your permission to communicate with other agencies pertinent information about you for the purpose of arranging services and obtaining follow up information.

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. Participants have the right to file a complaint. To file a complaint, talk to your case manager or their supervisor at the agency. In addition, the State Chafee 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 Transition Coordinator Signature	Date
Chafee 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