

MUTUAL AGREEMENT FOR EXTENDED FOSTER CARE

I have met with a county case worker (social worker or probation officer) to talk about voluntarily staying in foster care after turning 18 years old. I want to continue to stay in foster care after I turn 18 years old.

I am asking the county case worker for a foster care placement (such as a foster home, relative's home, foster family agency home, group home, transitional housing program, a supervised independent living placement or with my nonrelated legal guardian), as described in my Placement Agreement.

I understand that I am voluntarily staying in foster care as an adult. The benefits of staying in foster care include having safe and stable housing and having help from a county case worker to meet my needs and plan for my future.

Initial

___ I agree to meet face to face with my county case worker at least once a month and update my permanency goals and my Transitional Independent Living Plan (TILP) at least once every six (6) months.

___ I agree to do *one or more* of the following as described in my TILP to be eligible to stay in foster care:

1. Finish high school or get my California High School Equivalency Certificate (GED), *or*
2. Enroll in college, community college or a vocational education program, *or*
3. Participate in a program or activity to help me find and keep a job (for example: computer class, job search, job training, career counseling, volunteer work, etc.), *or*
4. Have a paid job and work at least 80 hours per month, *or*
5. I am unable to do any of the above due to a verified medical condition, including mental health conditions.

___ I agree to work on completing the goals in my TILP, and to:

1. Talk to my county case worker at least once a month to report on my progress and any problems I am having in meeting the goals in my TILP.
2. Tell my county case worker as soon as possible, but no later than my monthly contact with my county case worker, about any changes in how I am meeting one of the five eligibility conditions listed above.
3. Tell my county case worker as soon as possible, but no later than my monthly contact with my county case worker, about any changes to my income (from work or any other source such as social security or disability benefits, grants and scholarships).
4. If I am in a court supervised placement such as a foster home, living with a relative, foster family agency home, in a group home, in transitional housing, or in a supervised independent living placement:
 - I understand that the juvenile court will be supervising my case, and I agree to take part in six-month Review Hearings, either in person or by telephone, or communicate my needs with my attorney AND
 - I understand that if I don't participate in my TILP that a court hearing may be set to possibly close my case. I understand that I will receive written notices of action (NOAs) and that I can appeal these actions.
5. If I am voluntarily living with my juvenile court appointed nonrelated legal guardian:
 - I understand that the county case worker will be supervising my case, and I agree to participate in updating my six-month TILP; AND
 - I understand that if I don't participate in one of the five eligibility activities as described in my TILP, the county agency may stop payments and close my case. I understand that I will receive written NOAs and that I can appeal these actions.

Initial

___ In my foster care placement, I agree to:

1. Tell my county case worker about any problems with my placement and work with my case worker to find solutions.
2. Make sure my county case worker always has a way to contact me, and tell my case worker within one week if my phone number, mailing address, or other contact information changes.
3. Tell my county case worker within 24 hours after I complete a planned move to a new placement, or move out of my current placement for any other reason.
4. I understand that if I leave my foster care placement, the foster care funding may be stopped.
5. I understand that if I leave foster care, I can contact the court or the county agency to return to foster care if I am under the age limit.

___ The County Agency agrees to:

1. Help me develop and achieve my goals for stable and permanent housing and independent living, as described in my TILP.
2. Review the goals in my TILP and update them at least every six months.
3. Help me choose an appropriate approved or licensed placement (such as foster home, relative's home, group home, transitional housing program, or supervised independent living placement or remain with my nonrelated legal guardian).
4. Help me stay eligible for extended foster care by responding to any problems I have reported and help me find services and supports to meet my needs and maintain eligibility.
5. Help me develop a Shared Living Agreement, as needed, and help resolve any problems that arise with my placement.
6. Ensure that I have Medi-Cal or other health insurance, and help me get medical, dental, and/or mental health care as needed.
7. Tell me about any changes to my foster care benefits and give me information about the procedure to appeal a decision to either cut off or reduce my benefits.
8. Make sure I have contact information for my attorney, and information about upcoming juvenile court hearings, and how to participate in these hearings as applicable.

The undersigned agrees to foster care placement and supervision by the _____ County Agency.

PRINT NONMINOR'S NAME	CASE WORKER'S NAME	SUPERVISOR'S NAME
NONMINOR'S SIGNATURE	CASE WORKER'S SIGNATURE	SUPERVISOR'S PHONE NUMBER
NONMINOR'S CONTACT PHONE NUMBER	CASE WORKER'S PHONE NUMBER	TRIBAL AUTHORITY NAME
DATE	DATE	TRIBAL AUTHORITY PHONE NUMBER

NOTE: If nonminor dependent (NMD) signs form prior to their 18th birthday, a new one must be signed after the NMD's 18th birthday.