

 <p>Michigan Department of Human Services</p> <p><b>CSA</b></p> <p>Children's Services Administration Communication Issuance</p>	<b>Type:</b> <input type="checkbox"/> Informational Memorandum (IM) <input checked="" type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG)	
	<b>Issuance Date:</b> 08/06/12	<b>Obsolete Date:</b> N/A
	<b>Response Due:</b> None	
	<b>Log No.:</b> 12-110	
	<b>Contact:</b> Derek Hitchcock, HitchcockD@michigan.gov (517) 373-0053 Jessica Kincaid, Kincaidj@michigan.gov (517) 373-9219	
	<b>Originating Office:</b> Bureau of Child Welfare Funding and Juvenile Programs	
	<b>Subject/Title:</b> Juvenile Justice Youth Eligibility for YIT funding	
	<b>Distribution:</b> <input checked="" type="checkbox"/> DHS Child Welfare Staff <input type="checkbox"/> BCAL <input type="checkbox"/> Private Agency Child Welfare Staff <input checked="" type="checkbox"/> CWTI <input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> SACWIS <input type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input checked="" type="checkbox"/> DHS County Directors <input type="checkbox"/> Other:	

The purpose of this memo is to ensure that all Juvenile Justice Specialists understand the eligibility of Juvenile Justice (JJ) youth to access Youth in Transition (YIT) funding. Bureau facility staff have been informed of this eligibility and will be contacting field office staff to arrange for enrollment of JJ youth upon facility release.

A youth who has or had an open juvenile justice case and is placed in an eligible placement under the supervision of DHS is eligible for Youth In Transition (YIT) funded services. This may include youth who have never had an open abuse/neglect case. However, youth who are in a secure setting or incarcerated are not eligible until they exit to an eligible placement.

Eligible placements include:

- Licensed foster family homes
- Relative provider homes
- Group homes
- Emergency shelters
- Child caring institutions\*
- Independent living and semi-independent living placements

\*A child caring institution must be licensed or approved by the state and may not include:

- Any public or private secure placement facility
- A public child caring institution for more than 25 children
- Detention facilities, forestry camps, training schools, or other facilities operated primarily for the detention of children determined to be delinquent
- Jail

**This policy can be found in FOM 950. It also includes a list of approved expenditures to assist with educational, employment, housing, computer, and transportation needs.**

Forms relevant to YIT funding are attached to this CI, and a link directly to the forms is [http://www.michigan.gov/dhs/0,4562,7-124-60126\\_7117\\_7166---,00.html](http://www.michigan.gov/dhs/0,4562,7-124-60126_7117_7166---,00.html). Those who work closely with the youth are encouraged to keep a copy of the eligibility forms handy for reference as needed. Youth can be directed to [www.michigan.gov/fyit](http://www.michigan.gov/fyit) for more information on YIT and other youth services.

If you have any questions about YIT eligibility for JJ youth, feel free to contact Derek Hitchcock or Jessica Kincaid.

## YOUTH IN TRANSITION EXCEPTION REQUEST FORM

This form is to be used by DHS workers and supervisors for Youth in Transition funding exception requests. Funding requests for under \$600.00 do not need exception approval. The following two items have a lifetime limit of \$1,000 per youth:

1. First month's rent/security deposit.
2. Household start-up goods.

YIT funds are to be used only after all other funding options have been requested and the denial documented. Funding exception requests should be made if:

1. The funds being requested exceed \$600.00. Send the exception request packet to the County Director.
2. The request for resources, services, or reimbursement is not specifically stated as an approved expenditure in the YIT policy (FOM 950). Send the exception request packet to Central Office Youth Services Unit for approval. When approval is received send it to the County Director for approval.

Youth Name (Last, First, M.I.)	D.O.B.	Case Number/County:	
Address:	City:	State:	Zip:
Phone number:	DHS Worker:		
DHS Worker Phone/Email:	Contract Agency:		
Contract Agency Worker:	Contract Agency Phone/Email:		

### YIT Eligibility

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Completed eligibility form (DHS-722)/supporting documentation is in the case file
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### Reason for Exception (please choose all that apply)

<input type="checkbox"/> Amount exceeds \$600.00	<input type="checkbox"/> Service requested is not pre-approved in the FOM 950 manual
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### Please explain your exception request in detail (including why other funding sources were not used)

### The above identified need is documented in:

ISP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____	Date of last ISP _____
USP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____	Date of last ISP _____
Child Assessment of Needs and Strengths (DHS 146)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____	Date of the last DHS-146 _____

### Please indicate any other funding applied for, and reason for denial:

<input type="checkbox"/> SER	Reason for Denial: _____
<input type="checkbox"/> Contract (SIL/IL if applicable)	Reason for Denial: _____
<input type="checkbox"/> Non-Scheduled Payment (Policy 903-9)	Reason for Denial: _____
<input type="checkbox"/> Other, please explain	Reason for Denial: _____

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**By checking the box below, I certify that I have completed and submitted in this packet the following documents:**

- DHS-1291 – Local Payment Authorization
- DHS-4713 – Service Youth Profile Report
- DHS-722 – YIT Funding Eligibility Checklist
- Supporting Documentation such as: Cost estimates, YIT Eligibility Form, ISP/USP/Child Assessment of Needs and Strengths (CANS) etc., Please list below:

Services Specialist Signature:	Date:
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Supervisor Signature:	Date:
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**Policy Exception Requests**

DHS Central Office Youth Services Unit Signature (needed only for Policy Exception Requests):	Date:
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**Result**

APPROVED

DENIED

Reason for Denial:

**Exception Request for over \$600**

DHS County Director/Designee Signature (needed for all exceptions):	Date:
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**Result**

APPROVED

DENIED

Reason for Denial:

**This form must be kept in the case file and made available to Central Office upon request.**

## CLOSED CASE - YOUTH IN TRANSITION (YIT) FUNDING ELIGIBILITY CHECKLIST

This form is used to determine YIT eligibility. It does *not* replace FOM 950 policy. This form is *not* used for approval of specific YIT funding requests. It corresponds to the eligibility requirements in FOM 950 and must be completed, signed and added to the case record prior to authorization of any YIT funding.

Name (Last, First, M.I.):	D.O.B.:	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	State:	Zip:	
Telephone Number:	Case Number:			

### CLOSED CASE YOUTH

*The 1<sup>st</sup> 3 or the last 5 boxes must be checked "YES" for youth to qualify*

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was the youth in foster care placement under the care and supervision of Michigan DHS, another state's child welfare agency, or a Tribe, after the 14 <sup>th</sup> birthday?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	YIT funded services will correspond to the youth's last ISP and/or USP and/or Child Assessment of Needs and Strengths (CANS) (DHS-146)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is currently between the ages of 18-20  <b>Or</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is currently between the ages of 16-17 <b>and all</b> of the following are true:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• The youth left foster care after the 16<sup>th</sup> birthday.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• YIT services for the youth were accessed prior to case closing.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Prior to the return home or adoption the youth was expected to remain in a FC placement until adulthood.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Requested YIT service will support the youth through the states of transition.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>• Requested YIT funds will be used to gain access to goods and services designed to assist the youth: 1) prepare for, achieve and maintain an independent living situation successfully; 2) prepare the youth for functional independence; or 3) ensure the youth's physical, social, economic, and psychological needs are met.</li> </ul>

### DOCUMENTATION

The following documentation and information is in the youth's case record:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial court order showing date entered care
<input type="checkbox"/> Yes <input type="checkbox"/> No	Closed case court order showing closed date (if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	The requested services correspond to the USP/ISP/CANS _____

### FINAL DETERMINATION

This youth has been determined YIT Eligible as a Closed Case Youth:    Yes    No

### SIGNATURES – (Verifies the final determination, review and completion of this form.)

Foster Care Worker - Signature	Date
Foster Care Worker – Print	Date
Foster Care Supervisor - Signature	Date
Foster Care Supervisor - Print	Date

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

## OPEN CASE - YOUTH IN TRANSITION (YIT) FUNDING ELIGIBILITY CHECKLIST

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Name (Last, First, M.I.):	D.O.B.:	Sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	State:	Zip:	
Telephone Number:	Case Number:			

### **OPEN CASE YOUTH**

All boxes must be marked "Yes" for youth to qualify

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the youth in foster care placement under the care and supervision of Michigan DHS, another state's child welfare agency, or a Tribe, after the 14 <sup>th</sup> birthday?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is currently between the ages of 14-20 (ineligible at the 21 <sup>st</sup> birthday)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is likely to remain in foster care until age 18
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	YIT funded services will correspond to the youth's ISP and/or USP and/or Child Assessment of Needs and Strengths (CANS) (DHS-146)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is placed in one of the following: <ul style="list-style-type: none"> <li>Licensed foster family home</li> <li>Relative provider home</li> <li>Group home</li> <li>Emergency shelters</li> <li>Child care institution</li> <li>Independent living or semi-independent living placement</li> <li>Pre-adoptive home</li> <li>Own home/parents</li> </ul>

### **DOCUMENTATION**

The following documentation and information is in the youth's case record:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial court order showing date entered care
<input type="checkbox"/> Yes <input type="checkbox"/> No	The requested services correspond to the USP/ISP/CANS

### **FINAL DETERMINATION**

This youth has been determined YIT Eligible as an Open Case Youth:     Yes     No

### **SIGNATURES – (Verifies the final determination, review and completion of this form.)**

Foster Care Worker – Signature	Date
Foster Care Worker – Print	Date
Foster Care Supervisor - Signature	Date
Foster Care Supervisor - Print	Date

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AUTHORITY: P.A. 1939.  
 COMPLETION: Required.  
 PENALTY: Violation Contract Reporting Requirements.

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NOTE: ● See FOM 950 Section for Youth In Transition (YIT) Program Policy/Eligibility. ● The Foster Care Independent Living Act of 1999 mandates that all other funding sources must be exhausted before YIT funds are used. YIT funds are used to enhance, not replace existing programs. ● For eligible youth in a private agency placement, contact the DHS foster care case manager.

Services Received	Type of Case		Date of Service		Completion		Other Provider (Community/Govt. Resource Name)	Amount of YIT funds Expended
	*OCS	**CCS	Begin	End	Adequate	Inadeq.		
Counseling (CMH, Crisis Centers, Women's Resource, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Support Group (AA/NA, 4-H, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Day Care Expense (not covered by DHS)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Educational Supports (books, tuition, etc.)	<b>NOTE: Look at TIP, College Support, PELL, etc. prior to expending YIT Funds</b>							
- Transportation	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- GED	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Books	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Graduation Expenses	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Tuition	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Vocational/Trade	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Other	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Employment & Related Services (verification required in file)	<b>NOTE: Look at Michigan Works, Voc. Rehab., etc. for services prior to expending YIT Funds</b>							
- Training	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Wages/Apprentice Fees	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Incentives	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Uniforms	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Transportation	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Interviewing Skills	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Trade Tools	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Job Retention (note in file)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Driver's Education Class and Testing	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Household Start Up Goods (Document items in file)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Daily Living/IL Skills (see CFF 722-7) <b>NOTE: This is a POS Agency Contract Requirement</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Independent Living Material For Youth (approved by YIT Program Office)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$

Membership in Community Organization (Not For Currently Placed POS Agency Youth)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Mentorship (Contract or Local Office Agreement Required)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Services Received	Type of Case		Date of Service		Completion		Other Community/Govt. Resource Provider (Name)	Amount of YIT funds Expended
	OCS	CCS	Began	Ended	Adequate	Inadeq.		
Rent/Security Deposit (one time only, see note 1 below) <b>NOTE:</b> (1) Verification of youth's ability to continue payment, plus a budget, is required (2) Can only charge rent/security or first & last month's rent. Cannot charge first & last month's rent or damage deposit (see Landlord/Tenants Rights Booklet). <b>NOTE:</b> Not Available if Living With Parents (1)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Utility Deposit (one time only)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Preventive Health/Hygiene (Community Health Dept.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Substance Abuse Prevention (Community Health Dept.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Money Management/Budgeting	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Michigan Youth Opportunities Initiative (MY01) Stipend	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Michigan Youth Opportunities Initiative (MY01) IDA Match	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Other (needs YIT Prog. Office Approval)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
<b>Total</b>								\$
Comments – Explain how the above expenditure supports the youth in attaining self-sufficiency:								
* OCS – Open Case Services (All open case services <b>must</b> be documented in youths ISP/USP) ** CCS – Closed Case Services (All closed case services must be documented in youths file)								
I certify that before expending YIT funds that I have attempted to utilize all other community/state/federal resources or have explained why they were not utilized in the ISP or USP narrative. Foster Care Case Manager Signature _____ Date _____								
I certify that the youth's service plan has been updated to include need of YIT services and funding pertaining to this payment. DHS Supervisor Signature _____ Date _____								