

YOUNG ADULT VOLUNTARY FOSTER CARE AGREEMENT

Michigan Department of Health and Human Services

Young Adult Voluntary Foster Care Program

SECTION I

Placement Agreement

I, _____ DOB: _____ Age: _____ hereby request to participate in Young Adult Voluntary Foster Care (YAVFC). By signing this agreement, I understand I am voluntarily agreeing to enter foster care placement. I agree to be placed in a supervised foster care setting under the care and supervision of the Michigan Department of Health and Human Services (hereafter referred to as MDHHS in this document). I agree to participate in YAVFC as required by MDHHS policy and I understand that if I do not, I am no longer eligible to remain in the program.

SECTION II

Youth Eligibility Requirements

The youth must check the appropriate box.

- I am actively completing high school or a program leading to a general equivalency diploma (GED).
- I am enrolled at least part-time in a college, university, vocational program, or trade school.
- I am employed in either full- or part-time work or participating in a program that promotes employment, (such as Job Corps, Michigan Works!, or another employment skill-building program). I am employed/participating at least 80 hours per month.
- I am volunteering with a community organization at least 80 hours per month.
- I am incapable of the above educational or employment activities due to a documented medical condition.

Youth must initial each line.

_____ I agree to immediately inform my caseworker if there is any change in the requirements listed above (e.g., enrollment/employment status, graduation or completion date, reduction of work hours).

_____ I agree to inform my caseworker of any other change within three business days of the change (e.g., address, phone number, household composition).

_____ I understand that I must provide documentation of the above eligibility requirements on an approved eligibility verification form, at least quarterly.

_____ I understand that I am responsible for maintaining my own documentation of the above requirements and that upon request I must provide my caseworker with this documentation. Forms of documentation may include but are not limited to: pay stubs, letters from employers or program staff, current class schedule, current medical records, etc.

_____ I agree to meet with my caseworker, in-person, for monthly home visits.

_____ I agree to assist my caseworker in completing the DHS-1295, Young Adult Monthly Visit Report, at the monthly visit.

_____ I agree to attend and actively participate in all Family Team Meetings (FTM).

_____ I understand that as a young adult age 18 or above, MDHHS has no legal or financial responsibility in the event that I am charged with a crime, or found liable for money damages.

_____ I understand that certain living arrangements will make me ineligible for YAVFC (e.g., jail, parental home, an unsafe environment). I understand that if I intend to remain in YAVFC, I must have my living arrangement approved by my case worker prior to moving.

_____ I understand MDHHS may terminate this agreement if I no longer meet eligibility requirements.

_____ I understand that I will become ineligible for YAVFC if any of the following situations occur:

- Discontinue education, vocational, or trade program, and not in compliance with another eligibility requirement within the 30 calendar day grace period.
- No longer employed at least 80 hours per month, and not in compliance with another eligibility requirement within the 30 calendar day grace period.
- No longer volunteering with a community organization at least 80 hours per month and not in compliance with another eligibility requirement within the 30 calendar day grace period.
- No longer incapacitated due to a medical condition, and not in compliance with another eligibility requirement within the 30 calendar day grace period.
- Failure to contact caseworker for more than 30 calendar days.
- Incarcerated for more than 30 calendar days.
- 21st birthday.
- Enter military service.

- Adoption.
- Marriage.
- Death.

_____ I understand that if I am no longer meeting eligibility requirements, I am allowed a 30-day grace period in which to re-establish eligibility.

_____ I understand that I only have three (3) 30-day grace periods per fiscal year (October-September).

_____ I understand that the grace period begins the day immediately following the day I become ineligible.

_____ I understand that a grace period will not be applied after the following ineligibility situations:

- 21st birthday.
- Military service.
- Adoption.
- Marriage.
- Death.

_____ I understand that although YAVFC payments continues during grace period status, they will not continue if I enter a non-reimbursable placement, such as jail or parental home.

_____ I understand that this is a voluntary agreement and I may terminate this agreement at any time. If I choose to terminate this agreement, I will no longer be eligible for foster care maintenance payments or services.

SECTION III

Youth Name	Youth Signature	Date	
Youth Address	City	State	Zip Code
Telephone Number	Email Address		
Foster Care Caseworker Name	Foster Care Caseworker Signature	Date	
Supervisor Name	Supervisor Signature	Date	

<p>Authority: P.A. Pending Completion: Required. Penalty: Service delays.</p>	<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.</p>
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