



HOPE PROGRAM VOLUNTARY PLACEMENT AGREEMENT

IDENTIFYING INFORMATION

Name of Young Adult: _____ Date of Birth: _____
 Address: _____
 Phone Number: _____ Email: _____

YOUNG ADULT ELIGIBILITY REQUIREMENTS

The young adult must have been in the custody of DCYF at the time they turned 18. The young adult must be between the ages of 18 - 21, meet at least one of the following requirements, and provide the eligibility documentation to the Child Protective Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO) upon request.

Young Adult: I agree to one or more of the following requirements:

- I am actively completing high school or enrolled in an educational program leading to an equivalent credential (Hi Set or GED).
- I am participating in a college or vocational school program as a part-time or full-time student for a minimum of 6 hours per semester¹.
- I am participating in a program or activity designed to promote, or remove barriers to employment a minimum of 15 hours per week.
- I am working (either full or part-time) for at least 80 hours per month at one or more places of employment.
- I am incapable of the above educational or employment activities due to a documented medical or mental health condition². I agree to cooperate with my CPSW/JPPO to document my condition on an ongoing basis.

AGREEMENT

I _____ DOB: _____ Age: _____
 hereby request to participate in the HOPE Program. By signing this agreement, I understand I am voluntarily agreeing to enter foster care placement. I agree to be placed in a foster care setting (such as a foster family home; relative home; residential facility/group home; shelter or in a supervised independent living arrangement) under the care and supervision of the New Hampshire Division for Children, Youth and Families (hereafter referred to as DCYF in this document).

I AGREE TO: *(Initial to indicate agreement)*

- _____ Give placement and care responsibility to NH DCYF;
- _____ Meet with my CPSW/JPPO at least monthly to discuss my transition to adult living of which at least half are to occur at my residence;
- _____ Work collaboratively with my CPSW/JPPO in the development and implementation of the time-limited Extended Foster Care Case Plan which includes tasks and services in support of my future goals;
- _____ Complete all necessary authorizations, releases and forms as requested by my CPSW/JPPO;
- _____ Complete the "Financial Statement" (Form 2653) to determine eligibility for Title IV-E Foster Care or Medicaid, and return it to the Department of Health and Human Services within 2 weeks of receipt;
- _____ Notify my CPSW/JPPO within 72 hours of any change in address or contact information or should any changes occur in how I am meeting one or more of the eligibility requirements;
- _____ Attend pre-placement interviews;
- _____ Follow the rules and expectations of my placement provider, college dormitory etc.;

¹ A young adult who is on semester, summer, or other break, but was enrolled the previous semester and will be enrolled after the break, is considered enrolled in school.

² I understand that if my condition limits or causes me to be incapable of participating, the incapacity or barrier must be supported with documentation from a licensed medical or mental health provider.

- _____ Attend and participate in all case related meetings including team meetings and to attend Court hearings whenever possible;
- _____ If I am re-entering foster care, consent to a criminal records check and a DCYF Central Registry check;
- _____ Inform my CPSW/JPPPO immediately if I am arrested, arraigned or involved in any criminal activity and understand that my involvement may result in DCYF terminating this agreement; and
- _____ Other (as applicable): _____

I UNDERSTAND THAT:

- _____ I am no longer eligible when I reach age 21;
- _____ This agreement must be renewed yearly;
- _____ I must be prepared to provide my CPSW/JPPPO with proof of participation in any of the required activities at a minimum of every 90 days, or upon request;
- _____ The following conditions would make me ineligible to remain in foster care:
 - I request that Extended Foster Care be terminated;
 - I am not meeting the eligibility criteria including exceeding the time limits for temporary breaks;
 - The court has determined that I am not meeting the goals of my Case Plan or I have violated the Voluntary Placement Agreement and vacates the order to participate; and
- _____ This is a voluntary agreement and I may terminate this agreement at any time.

THE DIVISION FOR CHILDREN, YOUTH AND FAMILIES AGREES TO:

- Arrange for and authorize services for the young adult and placement provider as deemed appropriate;
- Facilitate the development of a Case Plan with the young adult;
- Provide supports and services as well as assisting the young adult in developing and achieving their immediate and long range goals as described in the young adult's Case Plan;
- Assist the young adult in building life-long relationships with family, siblings and other caring adults and including a primary caring adult (PCA) if applicable;
- Maintain a case file while properly documenting in the Division's information system and monitor any services being provided to the young adult and placement provider;
- Engage in ongoing communication with the young adult and placement provider to discuss progress and plan for the youth's transition out of DCYF care;
- Meet face-to-face with the young adult at least once a month with at least half of the monthly visits occurring where the young adult is residing; and
- Other (as applicable): _____

TERMINATION: This agreement will remain in effect for one year, at which time it can be renewed by mutual consent, if the young adult has not reached age 21. Either party may terminate this agreement at any time by providing written notice of termination. The Division will end the agreement within 3 business days of receipt of written request from the young adult. The Division shall provide the young adult with 30 days' notice of termination.

Signature of Young Adult

Date

Signature of CPSW/JPPPO

Date

Signature of Supervisor

Date



Instructions to the “HOPE Program Voluntary Placement Agreement”

PURPOSE:

The “HOPE Program Voluntary Placement Agreement” is used to provide clear expectations to the young adult who is continuing in the extended foster care program (HOPE) after the closure of their court case or is returning to foster care through the HOPE program after having previously left DCYF care. The Agreement outlines the actions and efforts that young adult and DCYF agree to during the young adult’s extended foster care case. The case must be opened in the Division’s information system prior to the young adult’s placement in voluntary foster care.

INSTRUCTIONS:

Form 1987 is a two-page template to be completed by the CPSW/JPPPO and the young adult on the day the Court case closes which should be the day the young adult turns 18 years of age or the day they completed high school/HiSet if not yet achieved. An unsigned copy of the HOPE Program Voluntary Placement Agreement is to be included in DCYF’s motion to the Court to close the young adult’s case. For young adults returning to DCYF foster care after having exited previously it is to be completed on the first day of the young adult’s placement and included in DCYF’s motion to reopen the case. Staff shall supply the young adult with the “Financial Statement” (Form 2653) and explain that it must be returned to DHHS.

Staff must collaborate with the young adult to complete a case plan.

FORM COMPLETION:

IDENTIFYING INFORMATION

- ◆ Enter the name, date of birth, address, and contact information for the young adult.

YOUNG ADULT ELIGIBILITY REQUIREMENTS

- ◆ Indicate what eligibility requirements the young adult meets.

AGREEMENT

- ◆ Enter the young adult’s name, Date of Birth and Age; and
- ◆ The young adult initials next to each item to indicate agreement (* Note – The young adult should ask for clarification from the CPSW/JPPPO if unsure of any items meaning).

Both the CPSW/JPPPO and the young adult must sign and date the form. The Supervisor will sign and date to indicate approval.

RETENTION:

Form 1987 is retained indefinitely in the case record.