



## FOSTER YOUTH IN TRANSITION PROGRAM VOLUNTARY SERVICES AGREEMENT

This document is a Voluntary Services Agreement (“Agreement”) between a youth asking to participate in the Foster Youth in Transition Program (“Program”), and a County Department of Human/Social Services (“County”). The Agreement explains the youth’s rights and responsibilities in the Program, as well as the County’s Responsibilities in the Program.

### Section 1: Right to a Lawyer

I have the right to a lawyer called a Counsel for Youth (“CFY”) to help me throughout the Program. I can get a lawyer now before I sign this Agreement. A lawyer can explain my rights and responsibilities, provide advice about my decisions, make sure that the County is meeting its responsibilities, and advocate for my rights, interests, needs, goals, and choices.

I can get a free attorney by emailing the Office of the Child’s Representative (“OCR”) at [info@coloradochildrep.org](mailto:info@coloradochildrep.org) and stating my interest in the Program, by calling OCR at 303-860-1517, or completing an OCR referral form at <https://coloradochildrep.org/youth-center/transition-program/>. If I call 303-860-1517, I will get a recorded message. I should press zero (0) to leave a message stating my name, telephone number, and my interest in the Program.

When I sign this Agreement, a County employee must complete an OCR referral form for me.

### Section 2: Voluntary Participation and Purpose of Program

I, \_\_\_\_\_ (name) AKA \_\_\_\_\_ (name I go by), date of birth \_\_\_\_\_, current age \_\_\_\_\_, request to enter the Program.

The Program is voluntary, which means I choose my goals and the services I want to participate in. I can also choose if and when I want to leave the Program.

The goal of the Program is to support my transition into adulthood.

### Section 3: Education and/or Employment Activities

One of my Program goals must be related to school or employment. I must participate in, or intend (plan) to participate in, at least one of the following activities:

- completing high school or working towards a GED;
- attending postsecondary education (which means education after high school, an example would be college) or vocational education (which means education related to employment). Examples of vocational education include but are not limited to medical assisting, dental assisting, cosmetology, medical coding, pharmacy technician, nursing assistant, massage therapy;
- working at least 80 hours per month; **OR**
- participating in a program or activity (in-person or virtual) to help me get a job. This could be *volunteering* such as with a non-profit or government agency; an *apprenticeship* such as a carpenter, electrician, instrument repair worker, or plumber); or another activity that removes barriers to employment.



The County must support me in setting and reaching my education or employment goal.

*Exception:* I do not need to participate in one of the education and/or employment activities listed above if I am unable to do so because of a medical condition that is documented by updated information in my case plan. If there is no documentation and I believe I meet this exception, the County will support me in getting connected with a healthcare professional for support and documentation.

#### **Section 4: Additional Youth Rights and Responsibilities**

During the Program, I will keep all rights and responsibilities I have as an adult of my age. As an example, I may have the right to agree to my own medical care and sign contracts.

As a participant in the Program, I will also have the following benefits and responsibilities.

- *Housing and Living Expenses:* I will work with the County to find and/or keep a safe, affordable, and stable place to live. I may live anywhere that adults my age typically live. Examples include, but are not limited to, a college dorm, a house or apartment on my own or with roommates, and/or renting a room from someone. I will communicate with the County about who I live with. With my agreement, I can live anywhere approved by the County or the court. My attorney can support me in communicating my wishes and the reasons for my wishes to the County and the court. My County caseworker will come visit me where I live at least every other month because the law requires them to make sure that I have a safe, affordable, and stable place to live. My caseworker and I will work together to schedule our visits on days and times that work for both of us.

The County will help me find a safe, affordable, and stable place to live. The County will pay all or part of my housing and living expenses, depending on my ability to pay and other sources of assistance. The County will work with me to make sure that I have a budget and enough income for housing and other basic needs such as food, utilities, clothing, and hygiene products.

- *Healthcare:* I can receive Medicaid while I am participating in the Program and until I turn 26.
- *Education and Training Vouchers (ETV) and Foster Youth Financial Assistance Program:* If I apply, I am eligible, and funds are available, then I can receive Education and Training Vouchers (which is money for college or work-related training). If I apply, and I am eligible, I can use the Foster Youth Financial Assistance Program, which can pay for the remaining “cost of attendance” after federal and state aid. “Cost of attendance” includes tuition, fees, room, board, books, supplies, transportation, and other allowable expenses.
- *Communication and Visits with my County Caseworker:* The Program requires the County and me to work together to set and reach my goals. Communication between the County and me is a very important part of this teamwork. I will stay in contact with my County caseworker. Providing my caseworker with updated contact information will support our teamwork and communication. I will update my caseworker about my progress towards my goals. If I want to change the Education or Employment Activities described in Section 3, I can contact my caseworker for support.
- *Roadmap to Success:* A Roadmap to Success is a plan that the County and I will put together and



use throughout the Program to create my goals and track my progress. My Roadmap will include my goals and the services and supports that will help me reach them. My goals can be related to employment, education, and forming or strengthening relationships with people who are important to me.

- **Court Attendance:** At any time, I can choose to ask a court to oversee this Agreement by filing a legal document called a Petition. I have the right to a free attorney to help me file a Petition. I can get a free attorney by contacting OCR at the contact information in Section 1 of this Agreement. The County must file a Petition within 90 days of the signing of this Agreement. Once a Petition is filed, court hearings will be held. If everyone agrees, written reports may be filed with the court instead of having a hearing. Hearings may be in-person or virtual.

Hearings are an opportunity for me to speak directly with the court and my team. Hearings must be held in ways that encourage my meaningful participation, including working around my school and/or work schedules and allowing me to participate in hearings virtually. If I have to miss court, I can talk with my attorney; my attorney can support me in communicating my attendance issues to the court.

- **Emancipation Transition Plan:** When it is time for me to leave the Program, the County will help me write an Emancipation Transition Plan. My Plan will explain how I will meet my needs when I leave the Program. It will include my options for education, employment, housing, local mentors and continuing services, health care, and decisions about my healthcare. This Plan will connect me to community supports and reflect the goals I set for myself as I transition out of the Program and into adulthood.
- **Necessary Records and Documents:** When I leave the Program, the County must give me all necessary records and documents, including my birth certificate, state identification, health records, education records, written information about my family history, tribal documents (if any), and contact information for my siblings (if appropriate). These documents will be important for many things, like when I apply for school, jobs, or housing.

## Section 5: County Responsibilities

- **Decision Regarding Program Requirements:** The County must decide if I qualify for the Program within 3 business days of my request to participate in the Program. Since I made my request on \_\_\_\_\_ (date), the County must make its decision by \_\_\_\_\_ (date). The County made its decision on \_\_\_\_\_ (date).

If the County decides that I do not qualify for the Program, the County must tell me the reasons why and provide me OCR's contact information. If I disagree with the County, I can appeal (which means challenge) the County's decision. I have the right to a free attorney to help me with the appeal. I can get a free attorney by reaching OCR at the contact information in Section 1 of this Agreement.

- **Communication and Monthly Visits:** The Program requires the County and me to work together to set and reach my goals. Communication between the County and me is a very important part of this teamwork. The County will stay in contact with me. Providing me with updated contact information will support our teamwork and communication. My County caseworker will come to my



home at least once every other month to make sure that I have a safe, stable, and affordable place to live. The County understands that it can be difficult to have someone you don't know well come to your home. They will work with me to begin forming a relationship before they come to my home for the first time. They will work with me to schedule monthly face-to-face visits and home visits every other month on days and times that work for both of us. During our meetings, the County will tell me about work they are doing to support me.

- If the county believes I'm missing or in danger then they will report me as missing to Law Enforcement and to the National Center for Missing and Exploited Children.
- *Housing and Living Expenses:* The County will help me find and keep a safe, affordable, and stable place to live. The County will pay all or part of my housing and living expenses, depending on my ability to pay and other sources of assistance. The County will work with me to make sure that I have a budget and enough income for housing and other basic needs such as food, utilities, clothing, and hygiene products.
- *Case Management & Minimum Services Offered:* The County will provide case management services, including working with me to develop my Roadmap to Success and following through on its steps to help me reach my goals. The County will prepare my Emancipation Transition Plan with me and provide necessary records and documents. At a minimum, the County must *offer* services and supports in the following areas. I can choose which services and supports I want and/or need.
  - Resources to help me transition to adulthood (such as referrals for mental or behavioral health treatment, skills groups, coaching, mentorship, training, and/or other resources).
  - Support to find a job or get job skills.
  - Financial literacy (which means skills related to money like saving, budgeting, and investing).
  - Using community resources and public benefits.
  - Making referrals so I can meet any juvenile or criminal justice system requirements and/or expunge (which means erase) any juvenile or criminal records.
  - Following my educational goals and applying for financial aid.
  - Making referrals so I can apply for special immigrant juvenile status (SIJS) or other immigration needs.
  - Maintaining and building relationships with people who are important to me, including searching for people with whom I have lost contact.
  - Accessing information about my relatives, including my siblings (if appropriate).

## Section 6: Leaving and Reentering the Program

There are four ways I can leave the Program.

1. Because of my age: I can remain in the Program until the last day of the month I turn 21. Because I turn 21 on \_\_\_\_\_(date), I can stay in the Program until \_\_\_\_\_ (date).
2. By choice: Because the Program is voluntary, I have the right to leave at any time.
  - If I want to leave the Program and a court *is not* involved, I can simply tell my County caseworker or lawyer that I want to end this Agreement.
  - If I want to leave the Program and a court *is* involved, I can ask the court to close my case by filing a document called a motion. My lawyer can do this with me. The court will set a hearing within 35 days to review my Emancipation Transition Plan.
3. Because I do not meet the Program's Education and Employment Requirements: If I do not meet the Education and Employment requirements described in Section 3 of this Agreement, the County



must notify me and help me meet the requirements. If the County’s efforts are unsuccessful, the County may request that the court end this Agreement and close my case. The court will hold a hearing to hear from all sides and decide what will happen. My lawyer can help me with this process.

- 4. Because I do not meet the program’s requirements for engaging in my case (such as meeting with my caseworker). If the county believes I’m missing or in danger then they will report me as missing to Law Enforcement and to the National Center for Missing and Exploited Children.

*Emancipation Discharge Hearing:* If a court is involved in my case, then an Emancipation Discharge Hearing will be held before my case ends. During the hearing, the court will review my Emancipation Transition Plan with me and close my case.

*Reentering the Program:* If I leave the Program, I can reenter the Program at any time before my 21<sup>st</sup> birthday.

**Section 7: Contact Information**

Primary county contact name, phone, and email:

\_\_\_\_\_

Secondary county contact name, phone, and email:

\_\_\_\_\_

Youth phone and email \_\_\_\_\_

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

County Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

County Staff Name \_\_\_\_\_

County Staff Title \_\_\_\_\_

**Section 8: This section will be completed if I do not want to enter the Program at this time.**

I have read this Agreement and discussed the Program with my caseworker and/or attorney. I do not want to participate in the Program at this time. I understand that I can request to enter into the Program any time before my 21<sup>st</sup> birthday.

Youth Signature: \_\_\_\_\_ Date \_\_\_\_\_

County Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

County Staff Name \_\_\_\_\_

County Staff Title \_\_\_\_\_