



Foster Youth in Transition Program Eligibility Appeal Policy

Background About this Document

The Foster Youth in Transition Program (Program) is designed to meet the needs of eligible young people. Some youth who are at least 18 years old but not yet 21 years old are eligible for the Program. The law that created the Program required the Colorado Department of Human Services (CDHS) to write rules about the Program, including rules explaining how appeals of eligibility decisions must happen. This document explains the appeals process.

Purpose of this Document

A county department of human/social services (county) has decided that I am not eligible for the Foster Youth in Transition Program (Program). This means that the county has decided that I do not qualify for the Program. I have a right to appeal (which means challenge) the county's decision that I do not qualify for the Program to the Division of Child Welfare (DCW) of DHS. This document explains the appeals process.

Notice of My Right to An Attorney

As a young person who may be eligible for the Program, I have a right to a free attorney during the appeal process. I can contact the Office of Child's Representative (OCR) to get an attorney by calling 303-860-1517, pressing (0), and leaving a message with my first name, last name, telephone number, and reason for calling. I may also email info@coloradochildrep.org or complete a [referral on OCR's website](#).

Explanation of the Appeals Process

How I start an appeal

I start an appeal by providing information to DCW. *It is very important that I give DCW the best information I can so DCW can make a good decision about whether I qualify for the Program. The most important information I will give DCW is my name and the name of my attorney (if I have one).*

I can start the appeal process by:

- completing an [online form](#) or
- completing the [appeal form](#) on pages 6-7 of this document and emailing that form to cdhs_fosteryouth@state.co.us.

If I chose to start an appeal by emailing DCW at cdhs_fosteryouth@state.co.us

If I chose to start the appeal by emailing DCW at cdhs_fosteryouth@state.co.us, I need to include as much of the following information as possible in my email. An easy way to do

this would be for me to copy and paste 1-13 into an email, complete as many blanks as I can, and send the email to cdhs_fosteryouth@state.co.us. It is okay if I cannot complete all of the blanks. I just need to do the best I can.

1. My legal name when a county was working with me or my family was ____.
2. The name I like to go by is _____.
3. My date of birth is _____.
4. The name of the attorney who is working with me on this appeal is _____. My attorney's email address is _____. My attorney's telephone number is _____.
5. I live in _____ county OR I am homeless, couch-surfing, or moving a lot, but I plan to live in _____ county for a long time.
6. The best way to reach me is _____. Example answers include a phone number, an email address, or both.
7. The name of the county that said I was not eligible for the Program is _____.
8. The date the county told me I was not eligible for the Program is _____ OR I do not know the exact date, but I think it was around _____.
9. The county said I was not eligible for the Program because _____.
10. Explanations of how I meet the following Program requirements.
 - a. Age: To be eligible for the Program, I must be at least 18 years old but not yet 21 years old. I am _____ years old.
 - b. Case or Care: To be eligible for the program, I must have had a case as explained below OR have been in care as explained below.
 - i. Case: I did or did not (pick one) have an open dependency and neglect (D&N) case when I turned 18. (A D&N case is a court case that starts because someone says that parent(s) are abusing, neglecting, or not taking care of a child the way they should. D&N cases are also started sometimes because a young person is not following rules and putting themselves in danger).
 - ii. Care: On or after my 16th birthday,
 1. I was or was not (pick one) living in foster care. (Living in foster care can mean living in a foster home. It can also mean living with a relative or someone like a relative who received county money to take care of you OR living in a licensed residential placement such as a facility or group home or center).
 2. I was committed to the Division of Youth Services (DYS) and lived in a community placement. (Examples of community placements include residential facilities, group homes and centers, and foster/proctor homes).
 3. I was living in non-certified kinship care and a court found me dependent and neglected. (Living in non-certified kinship care means living with someone who did not receive county money to take care of you).
 - c. Voluntary Services Agreement (VSA): (A VSA is an agreement with a county about what the county will do and what you will do to prepare for your transition to adulthood). I am or am not (chose one) willing to sign a VSA OR I have already signed a VSA and am following its requirements.
 - d. Employment or Education: I am or am not (chose one) in school, working, or in a program to help me get a job. I do or do not (chose one) plan on being in school, working, or in a program to help me get a job.



11. Program cases start in the county where a young person lives or in the county where a county department is helping a young person through an open case. I do or do not (chose one) have an open case. The name of the county where my open case is _____. My case number is _____. My caseworker's name is _____.
12. My attorney (if I have one) and I would or would not (chose one) like to meet with someone from DCW about this appeal. I am emailing this appeal to cdhs_fosteryouth@state.co.us on _____ (date). Three (3) days from that date is _____ (date). Between now and then, my attorney (if I have one) and I can meet with someone from DCW on the following three (3) days and times (between 8:00 a.m. and 5:00 p.m. Monday through Friday) _____.
13. Any other information about my appeal that I want to share _____.

If I do not give DCW enough information about me

- If I do not give DCW enough information about who I am, then DCW will try to figure out who I am. Their efforts will include attempts to reach me at the contact information I provided, searching for me in the Comprehensive Child Welfare Information System (DCW's database) and Colorado Courts (the court system's database) and attempting to reach me at the contact information found in those databases, contacting my attorney at the contact information I provided and any other contact information DCW has for my attorney, and contacting OCR. DCW will document these efforts.
- If DCW is unable to figure out who I am, DCW will decide that my appeal was incomplete and DCW will not decide whether I am eligible for the Program. DCW will use the contact information I provided, as well as the contact information DCW found during the efforts listed in the last paragraph, to tell me and my attorney about the efforts DCW made to figure out who I am, DCW's decision that my appeal was incomplete, and that DCW will not decide whether I am eligible for the Program.

Steps DCW will take

DCW will assign a person to review my appeal and to decide whether I am eligible for the Program. This person is called a reviewer.

Within four (4) business hours of receiving my appeal, the reviewer will reach out to my attorney (if I have one) and me to schedule a meeting where we can provide additional information related to my appeal. The reviewer will use the contact information I provided (and other contact information available to DCW) to contact me and my attorney. The reviewer will try to reach me two (2) times and my attorney two (2) times. If we do not reply to the reviewer or do not attend a scheduled meeting, then the reviewer will still decide whether I am eligible for the Program within the required timeframe.

As soon as possible, the reviewer will email the county representative who signed off on the county's decision that I am not eligible for the Program. The email will explain that I filed an appeal and offer the supervisor a chance to provide more information about their decision.

Within 3 business days of receiving my appeal, the reviewer will use all available information, including the Comprehensive Child Welfare Information System, Colorado



Courts, and information provided by the county, my attorney, and me, to decide whether I qualify for the Program.

The reviewer may decide that:

- I do not qualify for the Program;
- I qualify for the Program in the county where I applied; or
- I qualify for the Program in another county.

The reviewer will share their written decision with me, my attorney, and the county at the contact information provided by each individual. The reviewer's written decision will:

1. explain why I meet or do not meet each Program requirement, and
2. offer to discuss their decision with me and my attorney by telephone or virtual meeting.

If the reviewer decided that I *do not* qualify for the Program, the reviewer's written decision will explain that I have the right to discuss their decision with my attorney, to discuss their decision with their attorney, and to reapply for the Program before I turn 21.

If the reviewer decided that I qualify for the Program in a different county, then the reviewer's written decision will include information showing that the reviewer wrote both counties to tell them about the reviewer's decision. The letter will include the name and contact information of the lead Program person in the county where I qualify for the Program.

Questions?

I can review the [Notice of Right to an Attorney](#) at the top of this policy.

I can also send questions to Trevor Williams at trevor.williams@state.co.us or Brittany Gardner at brittany.gardner@state.co.us.



Foster Youth in Transition Program Eligibility Appeal Form

(Word/PDF Version)

Notice

As a young person who may be eligible for the Foster Youth in Transition Program, I have a right to a free attorney during the appeal process. I can contact the Office of Child's Representative (OCR) to get an attorney by calling 303-860-1517, pressing (0), and leaving a message with my first name, last name, telephone number, and reason for calling. I may also email info@coloradochildrep.org or complete a [referral on OCR's website](#).

Appeal Process

I start an appeal by providing information to DCW. It is very important that I give DCW the best information I can so DCW can make a good decision about whether I qualify for the Program. The most important information I will give DCW is my name and the name of my attorney (if I have one).

I can start an appeal by:

- completing an [online form](#) or
- completing this appeal form and emailing that form to cdhs_fosteryouth@state.co.us.

1. My legal name when a county was working with me or my family was: _____
2. The name I like to go by is: _____
3. My date of birth is: _____
4. The name of the attorney who is working with me on this appeal is _____
 - a. My attorney's email address is _____
 - b. My attorney's telephone number is _____
5. I live in _____ county OR I am homeless, couch-surfing, or moving a lot, but I plan to live in _____ county for a long time.
6. The best way to reach me is _____ Example answers include a phone number, an email address, or both.
7. The name of the county that said I was not eligible for the Program is _____
8. The date the county told me I was not eligible for the Program is _____ OR I do not know the exact date, but I think it was around _____
9. The county said I was not eligible for the Program because _____
10. Explanations of how I meet the following Program requirements.
 - a. **Age:** To be eligible for the Program, I must be at least 18 years old but not yet 21 years old. I am _____ years old.
 - b. **Case or Care:** To be eligible for the program, I must have had a case as explained below OR have been in care as explained below.
 - c. **Case:** I did or did not (pick one) have an open dependency and neglect (D&N) case when I turned 18. (A D&N case is a court case that starts because someone says that parent(s) are abusing, neglecting, or not taking care of a child the way they should. D&N cases are also started sometimes because a young person is not following rules and putting themselves in danger). Yes or No.
 - d. **Care:** On or after my 16th birthday,
 - i. I was or was not (pick one) living in foster care. (Living in foster care can mean living in a foster home. It can also mean living with a relative or



someone like a relative who received county money to take care of you OR living in a licensed residential placement such as a facility or group home or center). Yes or No.

ii. I was committed to the Division of Youth Services (DYS) and lived in a community placement. (Examples of community placements include residential facilities, group homes and centers, and foster/proctor homes). Yes or No.

iii. I was living in non-certified kinship care and a court found me dependent and neglected. (Living in non-certified kinship care means living with someone who did not receive county money to take care of you). Yes or No.

e. **Voluntary Services Agreement (VSA):** (A VSA is an agreement with a county about what the county will do and what you will do to prepare for your transition to adulthood). I am or am not (chose one) willing to sign a VSA OR I have already signed a VSA and am following its requirements.

i. Yes, I am willing to sign. or No, I am not willing to sign.

ii. Yes, I have signed. or No, I have not signed.

f. **Employment or Education:** I am or am not (chose one) in school, working, or in a program to help me get a job. I do or do not (chose one) plan on being in school, working, or in a program to help me get a job.

i. Yes, I am in school, working, or in a program to help me get a job.

ii. No, I am not in school, working, or in a program to help me get a job.

iii. Yes, I plan on being in school, working, or in a program to help me get a job.

iv. No, I do not plan on being in school, working, or in a program to help me get a job.

11. Program cases start in the county where a young person lives or in the county where a county department is helping a young person through an open case. I do or do not (chose one) have an open case.

a. Yes, I have an open case.

b. No, I do not have an open case.

c. The name of the county where my open case is

d. My case number is _____

e. My caseworker's name is _____

12. My attorney (if I have one) and I would or would not (chose one) like to meet with someone from DCw about this appeal. I am emailing this appeal to cdhs_fosteryouth@state.co.us on _____ (date). Three (3) days from that date is _____ (date). Between now and then, my attorney (if I have one) and I can meet with someone from DCW on the following three (3) days and times (between 8:00 a.m. and 5:00 p.m. Monday through Friday).

a. #1: _____

b. #2: _____

c. #3: _____

i. Me and/or my attorney (if any) do not want to meet with the assigned reviewer.

13. Any other information about my appeal that I want to share _____

After completing this form, email it to cdhs_fosteryouth@state.co.us. This form must be emailed to be considered in the appeal process.

