

PLACEMENT AGREEMENT FOR FOSTER CARE 18 TO 21

Young Adult Name:	Case Number:
Address: <i>(number and street, city, state, ZIP code)</i>	Date of Placement:

I. PLACEMENT TYPE (please check the option that best describes the young adult's placement)

- Licensed Foster Care Facility (family foster home, therapeutic foster home, group home, etc.)
- University / College approved housing
- Semi-Supervised Independent Living Arrangement
 - Apartment/Townhome/House Rental
 - Room Rental (relative, family friend, host home)
 - Single Room Occupancy (hotel, dormitory, etc.)
 - Other: _____

Is the Semi-Supervised Independent Living Arrangement a shared living setting?

- Yes No *(If no, please skip to Section III)*

If yes, please complete the following:

Young adult is: on a lease not on a lease

Young adult is living with:

- Co-Parent
- Adult Sibling(s)
- Other family member (not biological or adoptive parent)
- Friend(s)
- Landlord
- Other: _____

II. OTHER PERSONS IN SHARED HOUSING ARRANGEMENT

Young adult has been advised on negotiating a shared living agreement with other persons in household?

- Yes No

Number of other persons in housing unit: _____ *(please list each person in housing unit below)*

Age: _____ Gender: _____

Relationship:

- Adult roommate
- Relative
- Foster Care 18 to 21 Participant
- Other: _____

Age: _____ Gender: _____

Relationship:

- Adult roommate
- Relative
- Foster Care 18 to 21 Participant
- Other: _____

Age: _____ Gender: _____

Relationship:

- Adult roommate
- Relative
- Foster Care 18 to 21 Participant
- Other: _____

Age: _____ Gender: _____

Relationship:

- Adult roommate
- Relative
- Foster Care 18 to 21 Participant
- Other: _____

Roommate information should be reviewed at each quarterly in-home assessment. Any changes to household members should be reported immediately. Documentation of household changes must be maintained on the monthly contact record; it is not required for this form to be updated when changes occur.

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III. MAINTENANCE PAYMENT

Payment of \$_____ will be made monthly to: Young adult Designated payee
 Effective date of payment: _____

Payee Name:			
Mailing Address of Payee:	City	State	ZIP code

IV. TERMS AND CONDITIONS

The following terms and conditions have been agreed upon by the young adult and others in the household:

Term/Condition	Effective Date	Young Adult's Initials	Other Party's Initials
1.			
2.			
3.			
4.			

V. REPORTING *(review statements with young adult and have him/her initial by each one)*

- _____ Young adult agrees to report change of address/departure from current placement immediately to the social worker.
- _____ Young adult understands each new placement requires approval, including an on-site assessment, if required.
- _____ Young adult understands that not reporting a move and living in an unapproved placement may result in loss of benefits and services.

VI. PLACEMENT APPROVAL

An on-site assessment of the young adult's desired placement was completed on: _____

Placement is: **Approved** **Denied**

VII. SIGNATURES

Young Adult Name	Young Adult Signature	Date
Placement Provider Name:	Placement Provider Signature	Date
Other: Name / Relationship	Other Signature	Date
Other: Name / Relationship	Other Signature	Date
Social Worker Name	Social Worker Signature	Date
Social Work Supervisor Name	Social Work Supervisor Signature	Date