



Application for Readmission into Extended Foster Care

| | |
|-------|----------------|
| _____ | ____/____/____ |
| Name | Date of Birth |

| | | | |
|-----------------------------|-------|-------|----------|
| <u>Contact Information:</u> | | | |
| _____ | | | |
| Address | City | State | Zip Code |
| _____ | | _____ | |
| Phone | Email | | _____ |

| | |
|----------------------------------|----------------------|
| <u>Alternate Contact:</u> | |
| Name: _____ | |
| Relationship to Applicant: _____ | |
| Telephone #: _____ | Email Address: _____ |

| |
|--|
| County where court was held when you turned 18: _____ |
|--|

I want to re-enter* Extended Foster Care on _____ (date). I realize that I must meet and provide documentation of one of the activity requirements for this program, which are listed on the next page.

(*This application is also to be used when a young adult leaves Extended Foster Care on his or her 18th birthday and now wishes to enter the program.)

A. Activity Requirements for Extended Foster Care:

(Check all that apply.)

_____ Completing high school or a program leading to an equivalent credential (e.g., GED Program); OR

_____ Enrolled in an institution that provides postsecondary or vocational education;

OR

_____ Participating in a program or activity designed to promote or eliminate barriers to employment; OR

_____ Employed for at least 80 hours per month.

_____ I am already doing the activity/activities checked above; OR

_____ I am not able to do, or am limited in doing, any of the activities above because I have a physical, intellectual, emotional or psychiatric condition that impairs my ability to perform one or more life activities and that limits my participation. *[Note: If you check this box, please complete Section B, below.]*

_____ I need help from a case manager in beginning the activity/activities above. *[Note: If you check this box, please speak with your case manager about other programs that may be available to you until you begin a qualifying activity.]*

B. Condition that prevents me from full participation:

Please describe your physical, intellectual, emotional or psychiatric condition that either permanently or temporarily limits your ability to participate full-time in any of the activities listed in section A, above. Please include any other information you want us to know about this. If you have any documents from a doctor, a school or anyone else that describe this situation, please attach or let the case manager/designated staff know how they can get those documents. *[Feel free to add additional pages.]*

C. My current living situation:

Please describe where you are currently living (apartment or house alone, apartment or house with a roommate, dormitory, shelter, staying with a friend temporarily, etc.). If you have a lease, please attach a copy if you have it, or describe the timeframe covered by the lease (month-to-month, six [6] months, one [1] year, etc.). If you are currently homeless, please check the line at the end of this section.

_____ I am currently homeless.

D. Is there a former foster parent or other adult with whom you would like to live?

Yes _____ No _____

If yes, please identify that person, whether you have been in contact with that person, and that person's address and phone number, if known.

E. Is there any other type of housing you have in mind?

Yes _____ No _____

If yes, please describe.

F. Please give any other information that will help your case manager understand your preference regarding where you would like to live if you are determined to be eligible for Extended Foster Care.

G. Please list any other services or help that would assist you in becoming an independent and successful adult.

H. Please list any special needs you have not already identified and any services you believe will assist you with those needs.

I affirm that the information I have provided on this application is true and accurate to the best of my knowledge.

Name of Young Adult (Print): _____

Signature

____/____/____
Date

Phone

Email

Application for Readmission into Extended Foster Care Notice of What Happens Next

A decision must be made within 10 business days of the date you submit this application to the case manager or designated staff.

If the decision is to re-admit you into Extended Foster Care, your case manager or designated staff will contact you to begin writing your transition plan and case plan. You and your case manager or designated staff will discuss where you will be living before the case manager gives final approval.

If your application is denied, you can appeal the denial. You can also submit a new application at any time before your 21st birthday, or your 22nd birthday if you have a disability. If your application is denied, you will be given information on how to appeal through a fair hearing the denial.

If more documentation is needed, you will be advised of the supporting documentation you must provide. You will have 10 business days to provide the supporting documentation. Designated staff are available to assist you in obtaining the additional information.

Case Manager/Designated Staff:

I acknowledge that I received this application on ___/___/____. I will give _____ a written decision by ___/___/____, 10 business days from today.
(Young Adult)

| | | |
|---|-----------|----------------------|
| Name of Case Manager/ Designated Staff (Print) | Signature | ___/___/____ Date |
|---|-----------|----------------------|

| | |
|-------|-------|
| Phone | Email |
|-------|-------|

[A copy of pages one (1) through five (5) of this form shall be provided to the young adult by the case manager/designated staff and a copy placed in the young adult's case file.]

Application for Readmission into Extended Foster Care
Notice of Insufficient Documentation

Name of Young Adult

____/____/____
Date of Birth

Name of Case Manager/Designated Staff (Print)

Signature

____/____/____
Date

Address

City

State

Zip Code

Phone

Email

More documentation is required to process your application for readmission into extended foster care. Please provide your case manager or designated staff the following information within 10 business days from the date you receive this notice. If you need help obtaining the required information, your case manager or designated staff will assist you:

If you do not provide the required documentation, your application will be denied; however, you can reapply as soon as you gather the documentation.

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff and a copy placed in the young adult's case file.]

Application for Readmission into Extended Foster Care

To be completed and placed in the young adult's case file:

_____ This application is Approved.

_____ This application is Denied. *[If denied, a Notice of Denial for Readmission into Extended Foster Care, CF-FSP 5410, shall be sent to the young adult.]*

Name of Case Manager/Designated Staff (Print)

Signature

Date

Name of Supervisor (Print)

Signature

Date