



# APPLICATION FOR EXTENDED FOSTER CARE

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<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone</b>		<b>Email</b>	

**County where court was held when you turned 18:**

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I want to re-enter Extended Foster Care on \_\_\_\_\_ (date). I realize that I must meet the activity requirements for this program which are listed below.

**A. Activity Requirements for Extended Foster Care:**

- \_\_\_\_\_ Completing high school or a program leading to an equivalent credential (e.g., GED Program);
- \_\_\_\_\_ Enrolled in an institution that provides postsecondary or vocational education;
- \_\_\_\_\_ 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 need help from a case manager in beginning 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.

**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.]

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**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.

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\_\_\_\_\_ I am currently homeless.

**D. Is there a former foster parent 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.

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**E. Are you willing and able to live in the following type of housing?**

Family foster home Yes\_\_\_\_\_ No\_\_\_\_\_
If no, why not? \_\_\_\_\_

Licensed group home Yes\_\_\_\_\_ No\_\_\_\_\_
If no, why not? \_\_\_\_\_

Shared housing Yes\_\_\_\_\_ No\_\_\_\_\_
If no, why not? \_\_\_\_\_

College dormitory Yes\_\_\_\_\_ No\_\_\_\_\_
If no, why not? \_\_\_\_\_

Apartment Yes\_\_\_\_\_ No\_\_\_\_\_
If no, why not? \_\_\_\_\_

Another housing arrangement approved by the community-based care lead agency or its contracted service provider Yes\_\_\_\_\_ No\_\_\_\_\_
If no, why not? \_\_\_\_\_

**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.**

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**G. Please list any other services or help that would assist you in being successful in Extended Foster Care.**

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

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**(APPLICATION FOR 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/designated staff. If your application is denied, you can submit a new application at any time, or you can appeal the denial. If your application is denied, you will be given information on how to challenge, or appeal, the denial.

If the decision is to admit you into Extended Foster Care, your case manager will contact you to begin writing your transition plan and case plan, and to get you started on your chosen qualifying activity if you are not already doing what you want to do to be eligible for this program. You and the case manager will discuss where you will be living before the case manager gives final approval.

Name of Young Adult (Print): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Case Manager/Designated Staff:**

I acknowledge that I have received this application on \_\_\_/\_\_\_/\_\_\_\_. I will give \_\_\_\_\_ a written decision within 10 business days.  
(Young Adult)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff.]