

AB12 MUTUAL AGREEMENT FOR EXTENDED FOSTER CARE

I have met with a county case worker (social worker or probation officer) to talk about staying in foster care after turning 18. I want to:

- stay in foster care after I turn 18**
- come back into foster care.**

I am asking the county case worker for a voluntary placement (in a foster home, relative's home, group home, transitional housing program, or supervised independent living), as described in my Placement Agreement.

I understand that I am voluntarily staying in, or coming back into, foster care as a young adult. The benefits of staying in foster care include having safe and stable housing and having help from a social worker to meet my needs and plan for the future.

- I agree to talk with my county case worker at least once a month and update my permanency goals and my Transitional Independent Living Case Plan at least once every 6 months.*
- I agree to do one or more of the following to be eligible to stay in the foster care system:*
 - 1. Finish high school or get my GED, or*
 - 2. Attend college, community college or a vocational education program, or*
 - 3. Participate in a program to help me find and keep a job (for example, job search, job training, career counseling, etc.), or*
 - 4. Have a paid or unpaid job and work at least 80 hours per month, or*
 - 5. I am unable to do any of the above due to a verified medical condition, including mental health conditions.*
- I agree to work on completing the goals in my Transitional Independent Living Plan (TILP), and to:*
 - 1. Talk to my case worker at least once a month to report on my progress and any problems I am having in meeting the goals in my TILP.*
 - 2. Tell my case worker as soon as possible, but no later than my monthly meeting with my case worker, about any changes in how I am meeting one of the five eligibility conditions listed above.*

3. **Tell my case worker as soon as possible, but no later than my monthly meeting with my case worker, about any changes in income (from work or any other source such as social security or disability benefits, grants and scholarships).**
4. **If I am coming back into foster care, I agree to work with the case worker to develop a new TILP within 60 days.**
5. **I understand that the juvenile court will be supervising my case, and I agree to take part in 6 month Review Hearings, either in person or by telephone, or communicate my needs with my attorney.**
6. **I understand that if I don't participate in my TILP that a court hearing may be set to possibly close my case.**

In my voluntary placement, I agree to:

1. **Read and follow my Placement Agreement.**
2. **Tell my case worker about any problems with my placement and work with my case worker to find solutions.**
3. **Make sure my case worker always has a way to contact me, and tell my case worker within one week if my phone number, mailing address, or other contact information changes.**
4. **Tell my case worker within 24 hours after I complete a planned move to a new placement, or move out of my current placement for any other reason.**
5. **I understand that if I leave foster care, the foster care funding may be stopped.**
6. **I understand if I leave foster care, I can contact the court or the agency to return to foster care.**

The County Agency agrees to:

1. **Help me develop and achieve my goals for stable and permanent housing and independent living, as described in my TILP.**
2. **Review the goals in my TILP and update them at least every six months.**
3. **Help me choose an approved or licensed placement (foster home, relative's home, group home, transitional housing program, or supervised independent living).**
4. **Help me stay eligible for extended foster care by responding to any problems I have reported and helping me find services and supports to meet my needs and maintain eligibility.**
5. **Help me develop my Shared Living Agreement, and help resolve any problems that arise with my placement.**
6. **Ensure that I have MediCal or other health insurance, and help me get medical, dental, and/or mental health care as needed.**
7. **Tell me about any changes to my foster care benefits and give me information about the procedure to appeal a decision to either cut off or reduce my benefits.**
8. **Make sure I have contact information for my attorney, and information about upcoming juvenile court hearings and how to participate in these hearings.**

**The undersigned agrees to foster care placement and supervision by the
_____ County Agency.**

<i>Print Name</i>	<i>Case worker - Print Name</i>	<i>Supervisor's Name</i>
<i>Signature</i>	<i>Case worker Signature</i>	<i>Supervisor's Phone Number</i>
<i>Date</i>	<i>Case Worker's Phone Number</i>	<i>Tribal Authority Name</i>
	<i>Date</i>	<i>Tribal Authority Phone</i>