

Supervised Independent Living Plan (SILP) Approval and Placement Agreement

NMD _____ Case# _____ Date of Placement _____

Street Address _____ City _____ State ____ Zip _____

I. SILP Placement Type:

- University/College approved housing (Exempt from Checklist of Health and Safety standards as listed on the SOC ____. Worker still completes the SOC ____.)
- Shared roommate settings
 - Co-parent
 - Adult sibling
 - Extended family member
 - Friend
 - Stranger
 - Other _____
- Single resident occupancy (SRO)
- Apartment Rental -Lease
 - Furnished
 - Unfurnished
- Room and board arrangement
 - Mentor
 - Extended family member
 - Permanent connection
 - Friend
 - Strangers
- Room rental from former caregiver
 - Relatives
 - NREFM
 - Foster Parent
 - Other-describe _____
- Other (describe) _____

II. Other Persons in Shared Housing Unit

- Parent with Infant Supplement Number of Children__ Ages _____

Name	Age	Gender	Relationship to NMD
			<input type="checkbox"/> Adult roommate, non-participant <input type="checkbox"/> Mentor, relative, adult sibling <input type="checkbox"/> Other foster youth <input type="checkbox"/> Other describe:
			<input type="checkbox"/> Adult roommate, non-participant <input type="checkbox"/> Mentor, relative, adult sibling <input type="checkbox"/> Other foster youth <input type="checkbox"/> Other describe:

			<input type="checkbox"/> Adult roommate, non-participant <input type="checkbox"/> Mentor, relative, adult sibling <input type="checkbox"/> Other foster youth <input type="checkbox"/> Other describe:
			<input type="checkbox"/> Adult roommate, non-participant <input type="checkbox"/> Mentor, relative, adult sibling <input type="checkbox"/> Other foster youth <input type="checkbox"/> Other describe:

III. Inspection (per Standards on the SILP Checklist – SOC Form XXX)

- On-site inspection with youth conducted on _____
- SILP placement is safe, sanitary and free of hazards for the safety and well-being of the youth:
 - University or other higher education-approval housing
 - Other _____
- SILP DOES NOT MEET APPROVAL STANDARDS

IV. Readiness

- Youth and Household members advised on negotiating Shared Living Agreement
- Youth and Worker jointly completed SILP Readiness Assessment:
 - Youth ready
 - Youth ready with assistance
 - Youth has limited readiness; contingency plan being developed
 - Youth advised he/she is not ready; however, youth wants to try SILP as learning opportunity

Social worker recommends:

- SILP is appropriate based on youth’s developmental needs and ability to assume increased responsibility and/or mentor/caring adult available to assist youth in skill building.

Comments: _____

- SILP is not approved by the social worker for this youth because:

Comments: _____

V. Reporting

Youth agrees to report change of address/departure from SILP as soon as possible to SW/PO, youth understands each new SILP requires new approval, including on-site inspection if required.

VI. Payment and Payee

Payment of \$ _____ to (enter “0” if either SILP not approved or youth not ready, per above).

- To youth
- To designated payee

Name _____

Address _____ City _____ State ____ Zip _____

VII. Certifications

- I certify I assessed the SILP as meeting approval standards as of this date _____.
- I certify I assessed the SILP as meeting the core safety and health standards for approval; however deficiencies as described in the on-site inspection, which do not present imminent hazards, are under a Plan of Correction which must be completed within 30 days of this date _____.
- I certify the SILP does not meet approval standards and/or youth is not approved for SILP and is denied as of _____. (Refer to Sections III or IV for denial reasons).

SW/PO Name _____ Date _____

Signature _____

Youth Name _____ Date _____

Signature _____

