

SIX MONTH CERTIFICATION OF EXTENDED FOSTER CARE PARTICIPATION

Instructions: The purpose of this form is for the social worker/probation officer (SW/PO) to certify a nonminor's participation in extended foster care (EFC) activities and transmit it to the eligibility worker.

Nonminor's name: _____ Case Number: _____ DOB: _____

I. Nonminor's TILP was updated on (date) _____. Nonminor's 6 month transitional independent living case plan (TILP) to meet participation is:

- Primary participation activity in # _____ with backup plan in participation # _____.
- Combination of activities in participation # _____ and participation # _____.
- Incapable of doing activities in participation activity # 1 through 4 due to a medical condition.

Participation Activities

1. *Complete secondary education/equivalent credential.*
2. *Enroll in post secondary/vocational education institution.*
3. *Participating in activity designed to promote or remove barriers to employment.*
4. *Employed at least 80 hours per month.*
5. *Incapable of doing any activities in number (1) to (4) due to medical condition.*

II.

- I certify the NMD is eligible for EFC based on the updated TILP for the next six month period. Regular updates on participation will be verified and documented in the CMS Contact Notebooks and SW/PO court reports with the six month case plan updates. Should the nonminor cease eligibility for EFC, I will notify the EW immediately.

SW/PO Name: _____

SW/PO Signature: _____ Date: _____

The SW/PO must send this Certification Form to the Eligibility Worker (EW).

Received by:

EW Name: _____

EW Signature: _____ Date: _____