

**SIX MONTH CERTIFICATION OF PARTICIPATION ACTIVITIES FOR  
ELIGIBILITY TO EXTENDED FOSTER CARE, XFC**

NMD name: \_\_\_\_\_ Case Number: \_\_\_\_\_ DOB: \_\_\_\_\_

I. NMD's TILP was updated on \_\_\_\_\_. NMD'S six month transitional independent living case plan to meet participation

is:

- Primary participation in # \_\_\_\_\_ with backup plan in # \_\_\_\_\_
- Combination of activities in # \_\_\_\_\_ and # \_\_\_\_\_
- Incapable of doing activities in # 1 to 4 due to 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 per (1) to (4) due to medical condition*

II.

- I certify the NMD is eligible for XFC based on the updated TILP for the next six month period ending in month/yr \_\_\_\_\_. Regular updates on participation will be verified and documented in the CMS Contact Notebook, SW/PO case file and court reports with the six month case plan updates.

SW/PO Name: \_\_\_\_\_

SW/PO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by:

EW Name: \_\_\_\_\_

EW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies must be kept in SW/PO case file (Draft- 4-20-11)