**DCF EXTENDED CARE AGREEMENT**

* A DCF Extended Care Agreement (ECA) supports youth to remain in an approved living arrangement while they finish high school and continue to follow the most recent DCF case plan.
* Family Services Workers, in collaboration with youth, licensed placement providers, and YDP, must complete and submit the ECA, most recent DCF case plan, and the youth’s Transition to Adulthood (90-Day) Plan to **[AHS.DCFFSDExtendedCare@vermont.gov](mailto:AHS.DCFFSDExtendedCare@vermont.gov)** for approval. Agreements must be reviewed, revised, and resubmitted when the youth’s placement or education status changes.
* Youth must turn 18 in DCF custody and be 18-23 years old to be eligible.
* No new residential programming may be established after a youth turns 18.
* Youth must be enrolled in and attending a full-time secondary education program. A DCF Extended Care Agreement may be extended for up to six months following high school graduation to support a smooth transition to young adulthood.
* The Family Services Worker maintains an open case, monthly face-to-face visits, and continues to work with the youth, YDP, the placement provider, and other team members to ensure high school completion and a supportive transition from DCF care.
* Participating youth are adults and do not require DCF permission for medical treatment. Releases of information should be revisited, and youth should provide consent for provider communication.
* If youth choose to stop attending school or following through with other parts of the case plan, Family Services Workers shall convene a meeting with the youth, YDP, and other team members to determine if the agreement can continue as written, needs modification, or should be terminated. Youth who withdraw or are closed from this program may apply for re-entry up to the age of 23.

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| **EFFECTIVE DATES** | |
| Beginning: | Ending: |

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| **MY PERSONAL INFORMATION** | |
| Name (legal and alias): | DOB: |
| Phone: | Email: |
| Name of school/education program: | |
| Expected date of high school graduation: | |
| Average monthly income: | |
| Information verified by:  Self-report  Other | |

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| **MY DCF INFORMATION** | |
| Family Services Worker: | Family/Child #: |
| District: | Email: |
| Date of entry into DCF custody: | Anticipated date of discharge: |

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| **MY YDP INFORMATION** | |
| Youth Development Coordinator: | Agency: |
| District: | Email: |
| Address: | Phone: |

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| **MY PLACEMENT (LIVING SITUATION)** | |
| Name/Agency: | |
| Address: | |
| Phone: | Email: |

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| **MY NATURAL SUPPORTS** | | |
| **Name:** | **Relationship/Support Offered:** | **Contact Information:** |
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| **MY SERVICE PROVIDERS** | | |
| **Name:** | **Agency/Program:** | **Services Provided:** |
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| **MY GOALS AND TIMELINES** | | |
| **Goals:** | **Steps to achieve:** | **Timelines:** |
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| **HOW EXTENDED CARE SUPPORTS MY GOALS** |
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| **MY WEEKLY PRODUCTIVE TIME** | **ACTIVITIES AND LOCATION** | **HOURS PER WEEK** |
| High school or equivalent program |  |  |
| Post-secondary education or vocational training |  |  |
| Employment |  |  |
| Therapeutic activities: |  |  |
| Community involvement: |  |  |
| Enrichment activities: |  |  |
| Other: |  |  |

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| **ADDITIONAL REQUIRED DOCUMENTATION** |
| Most recent DCF case plan  Transition to Adulthood (90-Day) Plan |

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| **SIGNATURES** | | **DATE** |
| Youth |  |  |
| Placement Provider |  |  |
| Youth Development Coordinator |  |  |
| Family Services Worker |  |  |
| District Director |  |  |
| DCF Central Office |  |  |