

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 (EW).

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

I. Nonminor's transitional independent living plan (TILP) was updated on _____. Nonminor's six-month plan to meet participation is: (DATE)

- 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. Certification

- Nonminor dependent:** I certify the nonminor dependent 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 Child Welfare Services/Case Management System (CWS/CMS) Contact Notebooks and SW/PO court reports with the six-month case plan updates. Should the juvenile court terminate jurisdiction of the nonminor, I will notify the EW immediately.
- Ward of nonrelated legal guardian:** I certify the nonminor 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 Child Welfare Services/Case Management System (CWS/CMS) Contact Notebooks and 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 EW.

Received by:

EW Name: _____

EW Signature: _____ Date: _____

Copies must be kept in SW/PO and EW case files.