

# SUPERVISED INDEPENDENT LIVING PLACEMENT (SILP) APPROVAL AND PLACEMENT AGREEMENT

NAME	CASE #	DATE OF PLACEMENT	
STREET ADDRESS	CITY	STATE	ZIP CODE

**I. SILP PLACEMENT TYPE** *(Please check the option that best describes the young adult's placement.)*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> University/College approved housing <i>(Exempt from Checklist of Health and Safety standards as listed on the SOC 157B. Worker still completes the SOC 157A and SOC 157B.)</i></li> <li><input type="checkbox"/> Apartment Rental <i>(young adult on lease, living alone)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Furnished</li> <li><input type="checkbox"/> Unfurnished</li> </ul> </li> <li><input type="checkbox"/> Room rental <i>(not with former caregiver)</i><br/>Living with:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Mentor</li> <li><input type="checkbox"/> Extended Family Member <i>(including Permanent Connection or tribal member)</i></li> <li><input type="checkbox"/> Friend</li> <li><input type="checkbox"/> Stranger</li> </ul> </li> <li><input type="checkbox"/> Single Room Occupancy Hotel (SRO)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Shared Roommate/Apartment Setting;<br/>Young adult is: <input type="checkbox"/> on lease <input type="checkbox"/> not on lease<br/>Living with:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Co-Parent</li> <li><input type="checkbox"/> Adult Sibling(s)</li> <li><input type="checkbox"/> Other family member, NREFM, tribal member, permanent connection</li> <li><input type="checkbox"/> Friend(s)</li> <li><input type="checkbox"/> Landlord</li> <li><input type="checkbox"/> Other: _____</li> </ul> </li> <li><input type="checkbox"/> Room rental from former caregiver                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Pays rent</li> <li><input type="checkbox"/> Does not pay rent</li> </ul> </li> <li>Living with:                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Relative</li> <li><input type="checkbox"/> NREFM, tribal member</li> <li><input type="checkbox"/> Former Foster Parent</li> <li><input type="checkbox"/> Other _____</li> </ul> </li> </ul> |
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**II. SILP READINESS**

- Annual SILP re-assessment or University Housing (skip to section III)
- Young adult and Case Manager jointly completed a SILP Readiness Assessment.
- Based on Assessment, young adult is found for this proposed placement to be:
  - Ready for SILP.
  - Ready for SILP with assistance from a permanent connection, including tribal member, in addition to SW/PO, which could include living skills training.
  - Not ready; Plan is being developed to become ready for SILP, will re-assess readiness in: \_\_\_\_\_ months

SIGNATURE OF SOCIAL WORKER/PROBATION OFFICER	DATE
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- I agree with the SILP Readiness Assessment*                       *I disagree with the SILP Readiness Assessment*

SIGNATURE OF YOUNG ADULT	DATE
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**IF YOUNG ADULT HAS BEEN ASSESSED AS NOT READY FOR SILP AT THIS TIME - STOP HERE**

**III. PARENT WITH INFANT SUPPLEMENT?**

- YES  NO    # of children: \_\_\_\_\_ Ages: \_\_\_\_\_

**IV. PAYMENT**

Payment of \$ \_\_\_\_\_ will be made monthly to:  Young Adult  Designated payee

Effective Date of Payment is \_\_\_\_\_, date of payment may precede inspection and approval dates if young adult qualifies for continuity of payment under temporary absence rule awaiting approval of new SILP. WIC 11402.2

PAYEE NAME

MAILING ADDRESS OF PAYEE	CITY	STATE	ZIP CODE
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**V. OTHER PERSONS IN SHARED HOUSING UNIT**

Young adult advised on negotiating a Shared Living Agreement with roommates (if applicable)

Number of other persons in shared housing unit: \_\_\_\_\_ (Please describe each person below.)

Roommate information is provided at each new SILP assessment. Case managers should be informed of any roommate changes (especially if loss of a roommate means young adult may not be able to cover rent), but it is not required to update this form when these changes occur.

Age: _____ Gender: _____ Relationship: <input type="checkbox"/> Adult roommate, non-participant <input type="checkbox"/> Mentor, relative, NREFM, adult sibling <input type="checkbox"/> Other foster youth <input type="checkbox"/> Other, please describe: _____	Age: _____ Gender: _____ Relationship: <input type="checkbox"/> Adult roommate, non-participant <input type="checkbox"/> Mentor, relative, NREFM, adult sibling <input type="checkbox"/> Other foster youth <input type="checkbox"/> Other, please describe: _____
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**VI. REPORTING**

Young adult agrees to report change of address/departure from SILP immediately to Case Manager; young adult understands each new SILP requires new approval, including on-site inspection if required. Young adult understands that not reporting a move and living in an unapproved SILP may result in loss of payment for the days living in an unapproved SILP.

**VII. HEALTH AND SAFETY INSPECTION**

The SILP has been assessed as meeting the core safety and health standards.

Date Inspection Conducted: \_\_\_\_\_

The SILP has been assessed as not meeting the core safety and health standards and approval is denied as of \_\_\_\_\_,

**VIII. SIGNATURES**

SW/PO NAME:	DATE:
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SIGNATURE: \_\_\_\_\_

YOUNG ADULT NAME:	DATE:
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SIGNATURE: \_\_\_\_\_

SIGNATURE:	Copies to: Young adult      SW/PO case file      Foster Care EW
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