



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

September 15, 2017

ALL COUNTY INFORMATION NOTICE NO. I-42-17

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CHIEF PROBATION OFFICERS  
 ALL CHILD WELFARE PROGRAM MANAGERS  
 ALL TITLE IV-E AGREEMENT TRIBES  
 ALL ADMINISTRATIVE LAW JUDGES  
 ALL COUNTY ELIGIBILITY PROGRAM MANAGERS

SUBJECT: REVISED EXTENDED FOSTER CARE FORMS

REFERENCE: [ASSEMBLY BILL 12 \(CHAPTER 559, STATUTES OF 2010\)](#); ALL COUNTY LETTERS (ACL) [11-69](#), [11-77](#) AND [12-12](#)

The purpose of this All County Information Notice (ACIN) is to inform counties that some of the Extended Foster Care (EFC) forms have been revised and the new versions of the forms should be used effective immediately. The following forms have been revised:

- [SOC 157A](#), the Supervised Independent Living Placement (SILP) Approval and Placement Agreement.
- [SOC 157B](#), the SILP Inspection: Checklist of Facility Health and Safety Standards.
- [SOC 162](#), the Mutual Agreement for Extended Foster Care.
- [SOC 163](#), the Voluntary Re-Entry Agreement for Extended Foster Care.
- [TILP 1](#), the Transitional Independent Living Plan.

The current versions of the forms were developed during the early implementation phase of EFC in 2011. Capitalizing on the experience gained from over six years of EFC, a workgroup including representatives from county child welfare agencies and probation offices; the advocate community; youth from the Youth Engagement Project and California Youth Connection; and the California Department of Social Services (CDSS), including the Foster Care Ombudsman’s office, was established to discuss and provide recommendations on changes needed to the forms.

During the workgroup process, the importance of the SILP readiness assessment as the primary tool in determining the appropriateness of a SILP placement and the type of SILP that would best serve the needs of a youth was recognized. In an effort to make available a comprehensive and useful tool for this process, as well as to provide continuity among counties, a state-wide standardized readiness assessment tool was developed, designated as the [SOC 157C](#). While counties are greatly encouraged to utilize this standardized assessment tool, use of the tool is optional. Counties can continue to choose the assessment they feel best serves the needs of their Non-Minor Dependents (NMDs).

### **SILP Readiness Assessment (SOC 157C (optional))**

The SILP approval process begins with the SILP Readiness Assessment. A readiness assessment tool should be used to both conduct an initial assessment of an NMD's readiness to successfully live in a SILP and to determine what type of SILP is most appropriate for the NMD's current level of functioning. For example, the results may show that an NMD is not ready to live completely on their own but could function well in a supportive SILP where they would reside with an adult who can assist them in further developing the skills needed to live in a fully independent SILP.

If the conclusion of the assessment demonstrates that the NMD is not yet equipped to live in any type of SILP, the case worker shall note the items in which skills need to be developed. The case worker and NMD should incorporate these areas as goals in the NMD's Transitional Independent Living Plan (TILP). A best practice is to add these goals to the TILP following the SILP readiness assessment instead of waiting for the next scheduled TILP update so the NMD can receive the services needed to build their skills as quickly as possible.

It should be noted that the standardized readiness assessment tool is broken down into sections, some of which contain subjects that require developed skills in order for the NMD to be designated as SILP-ready while other sections include subject areas in which skills can be emerging and the NMD can continue building these skills while placed in a SILP. The determination of SILP readiness should take the requirements of these different sections into account. Within each section, there are prompts for questions that should be asked of the NMD to help determine their level of knowledge and skill in that area. When checking the "yes", "no" or "skills to be developed" boxes, the totality of the NMD's answers to the questions should be considered and an overall assessment made as to the NMD's skills in each area.

If the only reason that a NMD would not be deemed SILP-ready is due to not having enough income to meet their expenses, case workers should help the NMD explore other sources of income and benefits, such as Cal Fresh, to help them increase their income and/or decrease expenses. If the NMD does not have the necessary funds for a security deposit, the case worker should check to see if Independent Living Program (ILP) or other funding is available to assist the NMD.

The SILP readiness assessment tool should be completed when a NMD:

- Requests to live in a SILP for the first time;
- Has been living in a supported SILP but may presently be ready for a more independent SILP;
- Requests a new SILP and their circumstances have changed or;
- Was not deemed ready for a SILP in the past but has since accomplished TILP goals designed to assist the NMD with SILP readiness.

When an NMD is moving from one SILP placement to another, the caseworker is encouraged to at least use section one of the tool to ensure the NMD has adequate income to meet their expenses for the new living arrangement.

### **Supervised Independent Living Placement (SILP) Approval and Placement Agreement (SOC 157A)**

The [SOC 157A](#), the SILP Approval and Placement Agreement, has been revised to include other types of living arrangements that were not listed on the previous form, such as Job Corps and adult residential treatment facilities. Other updates have been made to make the form more user-friendly and to reflect additional programs and statutory changes that have been added or made since 2012. With the previous form, there was some confusion in the SILP readiness section as to whether the NMD should sign the form if no readiness assessment was needed. The updated form includes an additional checkbox for “no readiness assessment needed” and there are no longer prompts to skip to the next section. Therefore, all NMDs should sign in the SILP Readiness section.

Specific information about roommates has been removed based on concerns about gathering this information. Discussion regarding with whom the NMD will be living with should occur during the assessment tool process and safety concerns regarding roommates should be reflected in the determination of whether a NMD is ready for the requested SILP.

### **SILP Inspection: Checklist of Facility Health and Safety Standards (SOC 157B)**

The [SOC 157B](#) has been updated to provide clarification on some of the safety checklist items, such as the section on heating which now specifies that space heaters with certain safety features can be considered an allowable heat source if used in a safe manner. Other items have been changed to conform to Resource Family Approval home environment requirements, including not allowing more than four persons in the room where the NMD sleeps. A requirement that the home has a functioning carbon monoxide detector installed in all hallways in the NMD’s sleeping area has been added to comply with state law. A row for “other” has been added in the event that a case worker encounters an unusual situation in a proposed SILP facility that they feel should be documented.

Another change is the ability to put a Corrective Action Plan (CAP) in place when there is a noted deficiency in the SILP facility. If the deficiency creates a danger to the NMD or their child(ren) or renders the facility uninhabitable (such as the examples listed on the form) and cannot be corrected immediately, the SILP facility should not be approved. However, if the problem is one that needs to be fixed but does not create an unsafe situation for the NMD or their child(ren) then a CAP should be established and the SILP should be approved while the CAP is in progress.

The CAP should be developed with the NMD and a realistic time frame should be chosen that allows the NMD time to fix or arrange for the items to get fixed. The CAP can be encapsulated in a separate document or section C can be utilized as the CAP. At the end of the CAP period, the case worker and NMD should meet to assess the progress toward amelioration of the deficiencies. If items have not been taken care of, the case worker should assess whether an extension of the CAP would result in the deficiencies being corrected or if the SILP approval should be revoked.

County agencies are encouraged to assist NMDs to the extent possible with obtaining smoke and carbon monoxide detectors and batteries for those devices (if needed). Other resources can also be explored, such as contacting the local fire departments which will sometimes provide smoke detectors for low income families.

### **Mutual Agreement for Extended Foster Care (SOC 162) and the Voluntary Re-Entry Agreement for Extended Foster Care (SOC 163)**

Updates have been made to the [SOC 162](#) and [SOC 163](#) forms to correspond with changes pursuant to Community Care Reform and to provide more clarity about the requirements of extended foster care. A new section, that is to be initialed by the young adult, explains certain conditions that would make them ineligible to remain in EFC: marriage, enlisting in the military and incarceration, which is defined as being sentenced to confinement.

Links to voter information and registration have also been added to these forms.

### **Transitional Independent Living Plan (TILP1)**

Voter information and registration links have been added to the [TILP 1](#) form. Please note the TILP 1 form is three pages now as it was revised after the new ADA standards for forms went into effect.

Copies of the new forms are attached to this letter and can also be accessed on the CDSS website at:

<http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/Q-T#soc>

### **Camera Ready Copies and Translations**

For camera-ready copies in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access you may obtain this form from the CDSS webpage at: <http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-by-Program>.

When translations are completed per the Manual of Policies and Procedures (MPP) section 21-115.2, including Spanish forms, they are posted on our website. Copies of the translated forms can be obtained at: <http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>

For questions on translated materials, please contact Language Services at (916) 651-8876. Until translations are available, recipients who have elected to receive materials in languages other than English should be sent the English version of the form or notice along with the *GEN 1365-Notice of Language Services* and a local contact.

The Child Welfare Directors shall ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services shall be provided free of charge to the applicant/recipient.

In the event that CDSS does not provide translations of a form, it is the county's responsibility to provide the translation if an applicant or recipient requests it. More information regarding translations can be found in [MPP section 21-115](#).

If you have questions or concerns regarding this ACIN, you may contact the Transition Age Youth Policy Unit, at (916) 651-7465.

Sincerely,

***Original Document Signed By:***

VALERIE EARLEY, Chief  
Child and Youth Permanency Branch  
Children and Family Services Division

Attachments

c: County Welfare Directors Association  
Chief Probation Officers of California  
Judicial Council of California

## 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.)*

<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> <input type="checkbox"/> Apartment Rental <i>(young adult on lease, living alone)</i> <input type="checkbox"/> Furnished <input type="checkbox"/> Unfurnished <input type="checkbox"/> Room rental <i>(not with former caregiver)</i> Living with: <input type="checkbox"/> Mentor <input type="checkbox"/> Extended Family Member <i>(including Permanent Connection or tribal member)</i> <input type="checkbox"/> Friend <input type="checkbox"/> Stranger <input type="checkbox"/> Single Room Occupancy Hotel (SRO)	<input type="checkbox"/> Shared Roommate/Apartment Setting; Young adult is: <input type="checkbox"/> on lease <input type="checkbox"/> not on lease Living with: <input type="checkbox"/> Co-Parent <input type="checkbox"/> Adult Sibling(s) <input type="checkbox"/> Other family member, NREFM, tribal member, permanent connection <input type="checkbox"/> Friend(s) <input type="checkbox"/> Landlord <input type="checkbox"/> Other: _____ <input type="checkbox"/> Room rental from former caregiver <input type="checkbox"/> Pays rent <input type="checkbox"/> Does not pay rent Living with: <input type="checkbox"/> Relative <input type="checkbox"/> NREFM, tribal member <input type="checkbox"/> Former Foster Parent <input type="checkbox"/> Other _____
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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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**STOP** 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
_____	_____	_____	_____

**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: _____
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: _____

**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:
_____	_____
SIGNATURE:	
_____	

YOUNG ADULT NAME:	DATE:
_____	_____
SIGNATURE:	
_____	

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

**SILP INSPECTION: CHECKLIST OF FACILITY HEALTH AND SAFETY STANDARDS**

SILP ADDRESS:	CITY	STATE	ZIP CODE
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**SECTION A: SILP PLACEMENT TYPE**

- University/College Approved Housing – EXEMPTED FROM THE CHECKLIST. If checked, SKIP to Section D.
- Shared Roommate Setting, Single Resident Occupancy (SRO), Apartment, Room and Board, Room Rental. CONTINUE to Section B.
- SILP on or near a reservation, approved by the tribal placing agency. Areas that can be exempted to tribal housing, circle Tribal waiver in the waiver column.

**SECTION B: SAFETY CHECKLIST**

Each item below must be marked either "YES" or "NO". Waivers are allowed only for the areas indicated below. If minor repairs are needed and do not pose a safety risk to the young adult, the item can be marked "YES" as passed and the worker should place an "X" in the last column, and list the maintenance issue in Section C below.

	YES	NO	WAIVER	MAINTENANCE NOTED
1. Bedroom/Sleeping area: Bedroom/sleeping area used by the young adult has at least one exit that ensures safe, direct, emergency exit to the outside. If security bars are installed on windows, the window is considered operable only if equipped with safety release devices.				
2. Home has indoor sprinkling system and/or functioning smoke detector installed in the hallway(s) of the young adult's sleeping area audible in each room or sleeping room used by the young adult.			Tribal waiver only	
3. Bathroom: Young adult has access to a bathroom that contains 1 toilet, 1 sink, and 1 tub or shower maintained in safe, operating condition free from health hazards.			Tribal waiver only	
4. Kitchen: <u>If applicable</u> , the young adult has an area to prepare meals, appliances are safe, operational, with adequate storage for food and is free from health hazards. Note: SRO's may not have standard kitchens.			Tribal waiver or SRO	
5. Indoor and outdoor halls, stairs, ramps and porches are free from obstructions and no structural damage that poses a safety hazard is observed.				
6. Home has adequate and functioning ventilation including heating systems.			Tribal waiver only	
7. Lighting and outlets are provided in rooms used by the young adult and no electrical hazards are present.			Tribal waiver only	
8. Waste is stored, located and disposed of in a manner that will not permit the transmission of communicable disease or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.				
9. Living space appears to be safe and free from hazards.				
10. Sleeping room has not more than two adults and is not a kitchen or bathroom. Waiver may be granted for more than two adults if there is a clear and direct path for each adult to exit the room in case of emergency and if there is adequate storage for each adult's clothing and personal items.				

**SECTION C: PLAN FOR CORRECTIONS:**

Suggested areas for maintenance or repair:	Plan for correction (e.g. young adult will contact the landlord to make needed repairs, etc.)

Items marked in Section B as "NO" indicate deficiencies that would have a direct and immediate risk to the health, safety or personal rights of the young adult. Correction MUST BE MADE prior to the placement of the young adult or the home may not be approved.

**Examples of Immediate Impact Deficiencies:**

- Infestation of insects or vermin;
- Exposed electrical hazards
- No functioning smoke alarms in unit
- Toilet not in working condition

**Examples of issues that may need repair or maintenance and are not considered safety issues:**

- Neglect of maintenance of the building and grounds
- Cracked window(s)
- Peeling wallpaper, or stained walls or flooring
- Inoperable sink or shower (when at least one other operable sink or shower is available)

**SECTION D: INSPECTION SUMMARY**

- The Supervised Independent Living Placement of \_\_\_\_\_ (young adult name) meets the standards for approval as described in this form.
- The Supervised Independent Living Placement of \_\_\_\_\_ (young adult name) meets the core safety and health standards for approval with the above recommended maintenance or repair issues noted.
- The Supervised Independent Living Placement of \_\_\_\_\_ (young adult name) does NOT currently meet the standards for approval.
- Young adult has indicated he/she will pursue needed corrections and has requested re-inspection of the unit in \_\_\_\_\_ days.

\_\_\_\_\_  
NAME OF COUNTY SW OR PROBATION OFFICER

\_\_\_\_\_  
NAME OF YOUNG ADULT

\_\_\_\_\_  
SIGNATURE OF COUNTY SW OR PROBATION OFFICER

\_\_\_\_\_  
DATE OF INSPECTION BY SW/PO

\_\_\_\_\_  
SIGNATURE OF YOUNG ADULT

\_\_\_\_\_  
DATE

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

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## STANDARDIZED SILP READINESS ASSESSMENT TOOL

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To be approved for a Supervised Independent Living Placement (SILP), it must be determined that a nonminor dependent (NMD) is ready for independent living with supervision and support from the child welfare or probation system. The revised SILP readiness assessment tool was developed through a workgroup process with the goal of creating a state-wide standardized assessment for NMDs requesting to live in a SILP. Although the use of this particular assessment is optional, counties are highly encouraged to utilize it to standardize how NMDs are being assessed for SILPs and for continuity for NMDs who move between counties.

SILPs were created to provide NMDs with the opportunity to live in an independent setting while still receiving supervision and services, to help prepare them for living on their own post-foster care. Ideally, every NMD will progress to living in a SILP prior to emancipating from foster care. SILPs were designed to be a flexible type of placement offering a range of appropriate options with varying degrees of independence. Different types of SILPs may include:

- For NMDs who are ready to live completely on their own, a fully independent SILP can be approved where the NMD lives without any assistance from an adult and receives their foster care payment directly.
- Other NMDs may be capable of living without the structure of a foster home or transitional housing but may still benefit from having the assistance of a supportive adult in the home or one who is committed to checking on the NMD regularly. The supportive adult can be a relative, mentor, friend or even significant other as long as that person demonstrates the willingness and ability to support the NMD.

In either type of arrangement, if the NMD is not yet capable of managing their own money, a plan can be developed with the NMD to establish a payee to help teach them how to use their funding appropriately. When evaluating the results of the assessment and determining the NMD's readiness for a SILP, the type of SILP being requested should be considered. If the outcome of the assessment indicates the NMD is not equipped to handle the SILP being requested, alternative SILP arrangements should be explored if appropriate, such as a SILP with a supportive adult.

This assessment looks at the NMD's current level of functioning in several areas to determine readiness for a SILP. Functioning is determined by the NMD's knowledge and skills, as well as their behavioral history. For each area, the caseworker is asked to consider whether or not the NMD has the ability to handle that task or if the NMD is in process of developing a skill. Certain results may indicate that a NMD is not yet ready for a SILP (such as choosing to live with someone who is abusive to the NMD) or may indicate that this particular SILP is not appropriate (such as monthly expenses exceeding monthly income). However, NMDs do not have to show knowledge and skill in every area for a SILP to be approved. A NMD can be approved for a SILP even if some of the skills are still in development. Similarly, while some behavioral patterns such as those resulting from substance abuse or impaired mental health functioning, may indicate a lack of readiness for a SILP, some behaviors exhibited in other living situations may actually improve when a NMD is living on their own. Therefore, in addition to the type of SILP requested, readiness should be determined by an overall evaluation of the assessment results.

If the caseworker determines that the NMD is not ready for any type of SILP at this time, the caseworker should note what other placements are appropriate and available for the NMD. If the NMD is not currently in a placement, or is in one that is more restrictive than necessary, and the NMD wants to move to another placement, the caseworker should facilitate such a move whenever possible. The caseworker and the NMD should work together to develop Transitional Independent Living Plan (TILP) goals that address the areas where the NMD needs to gain knowledge and/or skills and/or change behavior. These new TILP goals should be included in the next TILP due.

The Social Worker or Probation Officer and the Nonminor Dependent should complete this assessment together. It may take up to 45 minutes to complete.

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

Address of proposed SILP: \_\_\_\_\_

NMD plans to live:  alone or with child only  with roommates  with supportive adult

Other relevant information about the proposed SILP: \_\_\_\_\_

### Section 1: FINANCIAL PLAN

Using the budgeting tool provided below, have the NMD list out their projected income and expenses to calculate whether they can afford the proposed SILP.

Monthly Sources of Income		Monthly Expenses			
1. SILP payment:	\$ _____	1. Rent:	\$ _____		
2. _____:	\$ _____	2. Utilities:	\$ _____		
3. _____:	\$ _____	3. Cable/Internet:	\$ _____		
4. _____:	\$ _____	4. Food:	\$ _____		
Total:	\$ 0.00	5. Household items: (e.g. toilet paper, cleaning supplies)	\$ _____		
List all sources of income above and the expected monthly amount from that source. This should include wages from employment, financial aid and any other sources of income.		6. Personal/Hygiene:	\$ _____		
		7. Cell Phone:	\$ _____		
		8. Clothing/Shoes:	\$ _____		
		9. Car payment:	\$ _____		
		10. Car insurance:	\$ _____		
		11. Gas:	\$ _____		
		12. Car repair/maintenance:	\$ _____		
		13. Educational expenses:	\$ _____		
		14. Entertainment:	\$ _____		
		15. Child-related expenses: (e.g. diapers, formula, baby food, clothing, toys, books)	\$ _____		
		16. Savings:	\$ _____		
		17. Other: _____	\$ _____		
		18. Other: _____	\$ _____		
				Total:	\$ 0.00
		TOTAL MONTHLY INCOME: \$ 0.00		TOTAL MONTHLY EXPENSES: \$ 0.00	

Total monthly income \$ 0.00 minus total monthly expenses \$ 0.00 = \$ 0.00

- Is the NMD's income greater or equal to their expenses?  Yes  No
- If additional income is needed beyond the SILP payment to meet the NMD's expenses, does the NMD have stable income?  Yes  No  N/A

*\*Examples of unstable income include seasonal work, such as holiday retail or summer recreation; vendor work, such as selling items at flea markets, farmer's markets, etc.; self-employed without history of steady income; "pick-up" work, such as filling in for a friend who paints houses; etc. In addition, if the NMD is in a very new position, it may not yet be considered stable.*

- If housing unit requires payment of a security deposit does NMD have funds available or a plan for paying the deposit? \*\*  Yes  No  N/A
- If a rent payment(s) is due before the first SILP payment will be received, does the NMD have the funds to cover the rent payment(s) or have an alternate arrangement to take care of the payment(s)?\*\*  Yes  No  N/A

If the NMD does not have these funds available, other funding sources/options should be explored, including ILP funds.

*\*\*If NMD does not have the necessary funds available, the SILP readiness assessment should be denied with a plan added to the NMD's TILP for how the NMD will obtain the necessary funds.*

**IF ANY OF THE ABOVE QUESTIONS ARE ANSWERED NO, THIS SILP SHOULD NOT BE APPROVED.**

## Section 2: KNOWLEDGE, SKILLS AND DEMONSTRATED BEHAVIOR

Using your knowledge of the NMD's past behavior and their current knowledge and skills based on your experience with the youth, evaluate the readiness indicators for each subject area.

NOTE: Some sections have a prompt (in bold) to help frame the conversation.

**Budgeting and Money Management (note: must show reasonable competence in this area for SILP to be approved).**

	Subject	Description	SW/PO Notes
1.	<b>Budgeting</b>	During completion of Section 1, did the NMD have a clear understanding of their daily expenses and what their expenses will be when residing in the SILP?	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>   
2.	<b>Rent/Bill Payment</b>	<p><b>Does NMD know how to pay rent and bills on time?</b></p> <p>Does NMD understand the consequences of not paying rent (e.g. eviction, court record impacting ability to find future housing, and/or bills (damaging credit incurring late fees, losing service)?</p> <p>Does NMD know what to do if they receive some type of late notice?</p> <p>Does NMD demonstrate the capability to pay rent and bills in a timely manner, including any history of bill-paying such as for a cell phone?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>   
3.	<b>Money Management</b>	<p>Ask the NMD to explain how the income they receive will be used to cover the bills that arrive at different times of the month.</p> <p>If the NMD will be receiving financial aid for school, can they explain how they will manage the funds to ensure that they will be available throughout the school term as needed?</p> <p>Does NMD know how to protect themselves from being taken advantage of financially by family members or friends/acquaintances, scams, etc?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>   
4.	<b>Responsible Spending</b>	<p><b>Does the NMD understand the risks associated with buying on credit (such as using credit cards, "rent-to-own" stores and payday loans)?</b></p> <p>Have NMD name the risks: paying excessive interest, accumulating debt, damaging their credit history, etc?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>   
5.	<b>Banking</b>	<p>If the NMD has a bank account, ask them to describe how they currently manage their money. Do they have a history of overdrafts and/or excessive ATM fees? Does the NMD balance their checkbook?</p> <p>If the NMD does not have a bank account, does the NMD know how to obtain one and how to bank responsibly (e.g. avoid overdrafts and excessive fees)?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>   

**Self-Care and Interaction With Others (note: it is important that the NMD have good skills and a history that predicts success in these areas in order to be SILP-ready).**

	Subject	Description	SW/PO Notes
6.	<b>Safety</b>	<p><b>Is the SILP living situation the NMD is requesting a safe environment?</b></p> <p>Ask NMD to describe their relationship with those who they will be sharing living space. Has there been any history of violence with those individuals (including partner violence)?</p> <p>Are any individuals residing in the unit engaged in dangerous behavior that could pose a threat to the NMD (e.g. drug dealing, CSEC/CSEY, violent criminal activity)?</p> <p>Can the NMD describe what a safe living environment looks like? Can they identify where/to whom would they go to if they found themselves in an unsafe situation?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Skills to be developed <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
7.	<b>Medical/Dental Care</b>	<p>Does NMD know where the nearest hospital or emergency 24-hour clinic is located and how to find one?</p> <p>Does NMD know the benefits of preventative care?</p> <p>Does NMD have a primary care doctor?</p> <p>Does NMD have a Medi-Cal benefits card and/or their Medi-Cal number and know what type of Medi-Cal plan they have?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Skills to be developed <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
8.	<b>Mental Health Care</b>	<p>Does NMD know what to do if they have a psychiatric emergency?</p> <p>Does NMD know how to access therapy and psychotropic medication if needed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Skills to be developed <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
9.	<b>Prescriptions and OTC Drugs</b>	<p><b>Does NMD know how to obtain and renew prescribed medications?</b></p> <p>Does NMD understand the importance of following the directions on over-the-counter medication and prescriptions (risks of over-dosing, mixing certain medications, side effects of some medications that can make you drowsy and unable to perform certain tasks like driving, operating machinery)?</p> <p>Does the NMD report current medication use? If so, do they understand how to take it properly and any consequences of discontinuing use?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Skills to be developed <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
10.	<b>Healthy Sexuality</b>	<p>Does NMD understand myths around preventing pregnancy (e.g. that "pulling out" or only having unprotected sex during your period do not prevent pregnancy)?</p> <p>Does NMD understand that only the proper use of condoms or abstinence can fully protect against STIs but that limiting sexual partners can help reduce the risk?</p> <p>Does the NMD know where to go to get contraception and treatment for sexually transmitted infections?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Skills to be developed <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>

	Subject	Description	SW/PO Notes
11.	<b>Responsible Substance Use</b>	Can the NMD explain strategies for responsible drinking (e.g. using a designated driver, drinking in moderation, not drinking with strangers, staying hydrated and eating food along with alcohol)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>
		Does the NMD understand the risks to personal safety when drinking or using drugs (e.g. can be sexually assaulted, robbed)?	
		Does the NMD understand the consequences of drinking and smoking cigarettes or marijuana while underage?	
12.	<b>Problem Solving</b>	Can NMD successfully manage anger when experiencing conflict?	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>
		Can the NMD describe how they calm themselves down when they are angry or upset (e.g. taking a walk, listening to music, talking to a friend)?	
		How they would deal with a conflict in the home (e.g. how would they handle a disagreement with their landlord, a roommate or a neighbor)?	
		Can the NMD name someone they could reach out to if they are involved in a conflict they cannot resolve on their own?	

**Ability to Handle Household Tasks (Note: NMD can develop these skills in the SILP so a willingness to learn is enough to approve the placement).**

	Subject	Description	SW/PO Notes
13.	<b>Food Preparation</b>	<b>Can NMD shop for food and prepare meals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>
		Have NMD name a few items or meals that they can make and describe how to shop for food.	
14.	<b>Laundry</b>	<b>Does the NMD know how to do laundry?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/>
		Have the NMD explain the process of doing laundry at home and at a laundromat.	

Other (note: a SILP can be approved if NMD is still gaining this knowledge and learning these skills).

	Subject	Description	SW/PO Notes
15.	<b>Education/ Employment</b>	<b>Does the NMD have the skills necessary to pursue educational and employment goals?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/> _____ _____ _____
		Has the NMD demonstrated the ability to complete college or vocational education classes?	_____
		Does the NMD have job search and retention skills?	_____
16.	<b>Driving and/or Public Transportation</b>	<b>If the NMD is a driver or plans to become a driver in the near future, are they able to drive responsibly?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/> _____ _____ _____
		Ask the NMD to describe what is necessary to own and operate a car (e.g. a valid license, insurance, money for gas and repairs, annual vehicle registration). Can the NMD describe a plan for obtaining all of these?	_____
		Can the NMD describe the consequences for driving under the influence of alcohol or other substances (loss of license, significant fines, jail time)?	_____
		The NMD free of any history of irresponsible driving behavior (e.g. tickets, accidents, driving without a license or while intoxicated, driving without insurance)?	_____
		<b>Does the NMD know how to use available public transportation?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/> _____ _____ _____
		Ask NMD to describe what public transportation they use to get to their job, school or other daily activities.	_____
17.	<b>Community Resources</b>	<b>Is the NMD aware of relevant community resources and how to access them?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Skills to be developed <input type="checkbox"/> _____ _____ _____
		If the NMD is in school, are they connected to educational support programs?	_____
		Is the NMD aware of benefits and services available through the ILP?	_____
		Does the NMD have a history of accessing ILP benefits and services?	_____
		Does the NMD know how to get help if they encounter housing problems, run out of food, have a legal issue, etc.?	_____
		Ask NMD to identify persons/programs that can help them with these concerns.	_____



## READINESS ASSESSMENT SUMMARY

Based on the readiness indicators, the social worker/probation officer should determine which of the following statements best describes the NMD's current level of functioning and situation. It is essential for the NMD to have an income that covers their expenses and to possess a reasonable level of knowledge and skills in readiness items, numbers 1-11. However, for other readiness indicators, a SILP can be approved with a plan for the NMD to continue developing those skills.

- NMD is ready for a **fully independent SILP**: the NMD has a stable income and can afford the identified housing. Their knowledge and skills indicate readiness for this type of SILP.
- NMD is ready for a **supportive SILP** where they will live with an adult who can provide assistance and support to help the NMD further develop the indicated areas where they need to work on fully developing their knowledge and skills.

The NMD is approved to receive the SILP payment directly:  yes  no

- NMD is **not ready for a SILP** at this time. The readiness assessment indicates the following (check all that apply):

- Income will not cover expenses.
- Readiness indicators show that their knowledge and skills are not at the level needed to successfully live independently.

Identify item numbers from the assessment that indicate a lack of readiness:

Section 1: \_\_\_\_\_

Section 2: \_\_\_\_\_

**The identified areas where the NMD lacks readiness for independent living, should be incorporated into the NMD's TILP goals as soon as possible or, at the latest, at the next TILP review.**

- The NMD has been informed of their right to appeal this decision and has been provided a copy of the appeal procedures.

If the NMD is not ready for a SILP at this time, identify where the NMD is currently placed and what other placement options are available to the youth. NOTE: Placement determinations should be made based on the youth's needs, preferences and access to permanent connections.

Current placement: \_\_\_\_\_

Other placement options: \_\_\_\_\_

Date of assessment: \_\_\_\_\_

Name of Social Worker/Probation Officer: \_\_\_\_\_

Social Worker/Probation Officer signature: \_\_\_\_\_

## MUTUAL AGREEMENT FOR EXTENDED FOSTER CARE

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I have met with a county case worker (social worker or probation officer) to talk about voluntarily staying in foster care after turning 18 years old. I want to continue to stay in foster care after I turn 18 years old.

I am asking the county case worker for a foster care placement (such as a foster home, relative's home, foster family agency home, group home, transitional housing program, a supervised independent living placement or with my nonrelated legal guardian), as described in my Placement Agreement.

I understand that I am voluntarily staying in foster care as an adult. The benefits of staying in foster care include having safe and stable housing and having help from a county case worker to meet my needs and plan for my future.

### Initial

\_\_\_ I agree to meet face to face with my county case worker at least once a month and update my permanency goals and my Transitional Independent Living Plan (TILP) at least once every six (6) months.

\_\_\_ I agree to do *one or more* of the following as described in my TILP to be eligible to stay in foster care:

1. Finish high school or get my California High School Equivalency Certificate (GED), *or*
2. Enroll in college, community college or a vocational education program, *or*
3. Participate in a program or activity to help me find and keep a job (for example: computer class, job search, job training, career counseling, volunteer work, etc.), *or*
4. Have a paid job and work at least 80 hours per month, *or*
5. I am unable to do any of the above due to a verified medical condition, including mental health conditions.

\_\_\_ I agree to work on completing the goals in my TILP, and to:

1. Talk to my county case worker at least once a month to report on my progress and any problems I am having in meeting the goals in my TILP.
2. Tell my county case worker as soon as possible, but no later than my monthly contact with my county case worker, about any changes in how I am meeting one of the five eligibility conditions listed above.
3. Tell my county case worker as soon as possible, but no later than my monthly contact with my county case worker, about any changes to my income (from work or any other source such as social security or disability benefits, grants and scholarships).
4. If I am in a court supervised placement such as a foster home, living with a relative, foster family agency home, in a group home, in transitional housing, or in a supervised independent living placement:
  - I understand that the juvenile court will be supervising my case, and I agree to take part in six-month Review Hearings, either in person or by telephone, or communicate my needs with my attorney AND
  - I understand that if I don't participate in my TILP that a court hearing may be set to possibly close my case. I understand that I will receive written notices of action (NOAs) and that I can appeal these actions.
5. If I am voluntarily living with my juvenile court appointed nonrelated legal guardian:
  - I understand that the county case worker will be supervising my case, and I agree to participate in updating my six-month TILP; AND
  - I understand that if I don't participate in one of the five eligibility activities as described in my TILP, the county agency may stop payments and close my case. I understand that I will receive written NOAs and that I can appeal these actions.

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## Initial

\_\_\_ In my foster care placement, I agree to:

1. Tell my county case worker about any problems with my placement and work with my case worker to find solutions.
2. Make sure my county case worker always has a way to contact me, and tell my case worker within one week if my phone number, mailing address, or other contact information changes.
3. Tell my county case worker within 24 hours after I complete a planned move to a new placement, or move out of my current placement for any other reason.
4. I understand that if I leave my foster care placement, the foster care funding may be stopped.
5. I understand that if I leave foster care, I can contact the court or the county agency to return to foster care if I am under the age limit.

\_\_\_ The County Agency agrees to:

1. Help me develop and achieve my goals for stable and permanent housing and independent living, as described in my TILP.
2. Review the goals in my TILP and update them at least every six months.
3. Help me choose an appropriate approved or licensed placement (such as foster home, relative's home, group home, transitional housing program, or supervised independent living placement or remain with my nonrelated legal guardian).
4. Help me stay eligible for extended foster care by responding to any problems I have reported and help me find services and supports to meet my needs and maintain eligibility.
5. Help me develop a Shared Living Agreement, as needed, and help resolve any problems that arise with my placement.
6. Ensure that I have Medi-Cal or other health insurance, and help me get medical, dental, and/or mental health care as needed.
7. Tell me about any changes to my foster care benefits and give me information about the procedure to appeal a decision to either cut off or reduce my benefits.
8. Make sure I have contact information for my attorney, and information about upcoming juvenile court hearings, and how to participate in these hearings as applicable.

The undersigned agrees to foster care placement and supervision by the \_\_\_\_\_ County Agency.

PRINT NONMINOR'S NAME	CASE WORKER'S NAME	SUPERVISOR'S NAME
NONMINOR'S SIGNATURE	CASE WORKER'S SIGNATURE	SUPERVISOR'S PHONE NUMBER
NONMINOR'S CONTACT PHONE NUMBER	CASE WORKER'S PHONE NUMBER	TRIBAL AUTHORITY NAME
DATE	DATE	TRIBAL AUTHORITY PHONE NUMBER

**NOTE:** If nonminor dependent (NMD) signs form prior to their 18th birthday, a new one must be signed after the NMD's 18th birthday.

## VOLUNTARY RE-ENTRY AGREEMENT FOR EXTENDED FOSTER CARE

I have met with a county case worker (social worker or probation officer) to talk about voluntarily re-entering foster care as an adult former foster youth who is under  age 19,  age 20, or  age 21. By signing this agreement, I understand I am voluntarily agreeing to re-enter foster care placement.

I agree to be placed in a supervised foster care setting (such as a foster home, relative's home, foster family agency home, group home, transitional housing program, a supervised independent living placement or with my juvenile court appointed nonrelated legal guardian), as described in my Placement Agreement under the placement and care responsibility of the \_\_\_\_\_ County \_\_\_\_\_ department.

I understand that my Aid to Families with Dependent Children – Foster Care (AFDC-FC) benefits will begin to be paid as of the date I sign this agreement or the date I am placed in a supervised foster care setting, whichever is later.

I understand that I am responsible for completing, with assistance from my county case worker, the application for AFDC-FC payments and providing information and documentation about my status as a former dependent child or ward of the juvenile court, and my current income and assets, as required, as a child-only case.

I agree to participate with my county case worker in filing a petition in juvenile court so that the court may resume jurisdiction over my case by finding that it is in my best interests to re-enter foster care.

I agree to work collaboratively with my county case worker to develop my transitional independent living case plan and Transitional Independent Living Plan (TILP) within 60 days of signing this agreement.

I understand the benefits of re-entering foster care include having safe and stable housing and having help from a county case worker to meet my needs and plan for my future.

I agree to meet face to face with my county case worker at least once a month and update my permanency goals and my TILP at least once every six months.

I agree to immediately begin to do one or more of the following to be eligible to re-enter foster care:

1. Finish high school or get my California High School Equivalency Certificate (GED), or
2. Enroll in college, community college or a vocational education program, or
3. Participate in a program or activity to help me find and keep a job (for example: job search, job training, career counseling, etc.), or
4. Have a paid job and work at least 80 hours per month, or
5. I am unable to do any of the above due to a verified medical condition, including mental health conditions.

I agree to work on completing the goals in my TILP, and to:

1. Talk to my county case worker at least once a month to report on my progress and any problems I am having in meeting the goals in my TILP.
2. Tell my case worker as soon as possible, but no later than my monthly contact with my county case worker, about any changes in how I am meeting one of the five eligibility conditions listed above.
3. Tell my county case worker as soon as possible, but no later than my monthly contact with my case worker, about any changes in my income (from work or any other source such as social security or disability benefits, grants and scholarships).
4. If I am in a foster home, living with a relative, foster family agency, in a group home, in transitional housing, or in a supervised independent living placement:

I understand that the juvenile court will be supervising my case, and I agree to take part in six month Review Hearings, either in person or by telephone, or communicate my needs with my attorney; AND

I understand that if I don't participate in my TILP that a court hearing may be set to possibly close my case. I understand that I will receive written notices of action (NOAs), and I can appeal these actions.

5. If I am voluntarily living with my previously juvenile court appointed nonrelated legal guardian:

- I agree to voluntarily live with my previously juvenile court appointed nonrelated legal guardian and understand that the county case worker will be supervising my case and I agree to participate in updating my six month TILP; AND
- I understand that if I don't participate in one of the five eligibility activities as described in my TILP, the county agency may stop payments and close my case. I understand that I will receive written notices of action (NOAs), and I can appeal these actions.

In my foster care placement, I agree to:

1. Tell my county case worker about any problems with my placement and work with my case worker to find solutions.
2. Make sure my county case worker always has a way to contact me, and tell my case worker within one week if my phone number, mailing address, or other contact information changes.
3. Tell my county case worker within 24 hours after I complete a planned move to a new placement, or move out of my current placement for any other reason.
4. I understand that if I leave my foster care placement, the foster care funding may be stopped.
5. I understand if I leave foster care, I can contact the court or the county agency to return to foster care if I am under the age limit.

The County Agency agrees to:

1. Help me develop and achieve my goals for stable and permanent housing and independent living, as described in my TILP.
2. Review the goals in my TILP and update them at least every six months.
3. Help me choose an appropriate approved or licensed placement (foster home, relative's home, foster family agency home, group home, transitional housing program, or supervised independent living placement or remain with my nonrelated legal guardian).
4. Help me stay eligible for extended foster care by responding to any problems I have reported and help me find services and supports to meet my needs and maintain eligibility.
5. Help me develop a Shared Living Agreement, as needed, and help resolve any problems that arise with my placement.
6. Ensure that I have MediCal or other health insurance, and help me get medical, dental, and/or mental health care as needed.
7. Tell me about any changes to my foster care benefits and give me information about the procedure to appeal a decision to either cut off or reduce my benefits.
8. Make sure I have contact information for my attorney, and information about upcoming juvenile court hearings, and how to participate in these hearings as applicable.

The undersigned agrees to foster care placement and supervision by the \_\_\_\_\_ County Agency.

PRINT NONMINOR'S NAME	CASE WORKER – PRINT NAME	SUPERVISOR'S NAME
NONMINOR'S SIGNATURE	CASE WORKER SIGNATURE	SUPERVISOR'S PHONE NUMBER
NONMINOR'S CONTACT PHONE NUMBER	CASE WORKER'S PHONE NUMBER	TRIBAL AUTHORITY NAME
DATE	DATE	TRIBAL AUTHORITY PHONE

## TRANSITIONAL INDEPENDENT LIVING PLAN & AGREEMENT

Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Text OK?:  Email Address: \_\_\_\_\_

**Instructions To Youth:** The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your goals.

**Instructions to Caregiver:** You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

**Instructions to Social Worker/Probation Officer:** You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.

Service goals and activities to be addressed in the plan:

Goals are individualized based on your assessment and may include examples such as:

- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections
- obtain a scholarship to attend college
- develop competency in the life skill of \_\_\_\_\_

Activities are individualized to help meet a specific goal. Example – if high school graduation is a goal, the youth directed activity might be to attend classes regularly with no tardies for the next 6 months.

For youth participating in ILP services, activities are reportable as ILP Delivered Services in CWS/CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- |                                      |   |
|--------------------------------------|---|
| • Received ILP Needs Assessment      | • ILP Room and Board Financial Assistance |
| • ILP Mentoring                      | • ILP Transitional Housing, THP, THP Plus |
| • ILP Education                      | • ILP Home Management                     |
| • ILP Education Post Secondary       | • ILP Time Management                     |
| • ILP Education Financial Assistance | • ILP Parenting Skills                    |
| • ILP Career/Job Guidance            | • ILP Interpersonal/Social Skills         |
| • ILP Employment/Vocational Training | • ILP Financial Assistance Other          |
| • ILP Money Management               | • ILP Transportation                      |
| • ILP Consumer Skills                | • ILP Other (Stipends/Incentives)         |
| • ILP Health Care                    |   |

- I understand that if I am employed as part of this plan, my earned income will be disregarded, as the purpose of my employment is to gain knowledge of needed work skills, habits and responsibilities to maintain employment. (WIC 11008.15)
- I understand that I can retain cash savings up to \$10,000 under this plan in an insured savings account and any withdrawal requires the written approval of my social worker/probation officer and must be used for purposes directly related to my transitional goals. (WIC 11155.5)
- I understand that I will receive assistance to obtain my personal documents and information about financial aid for postsecondary education/training. (WIC 16001.9)

Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Case Worker Name: \_\_\_\_\_ Case Worker Phone: \_\_\_\_\_  
 Case Worker Email Address: \_\_\_\_\_  
 TILP 6-month timeline: \_\_\_\_\_ to \_\_\_\_\_  
 Date Independent Living Needs Assessment completed: \_\_\_\_\_

- Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.
- I will participate in Independent Living Program (ILP) services to help meet my goals.

Goal	Activity	Responsible Parties	Planned Completion Date	Progress Date
Goal #1:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #3:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #4:				<input type="checkbox"/> Met Goal Date: _____ <input type="checkbox"/> Satisfactory Progress. <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Case Worker Name: \_\_\_\_\_ Case Worker Phone: \_\_\_\_\_  
 Case Worker Email Address: \_\_\_\_\_

This Agreement will be updated on: \_\_\_\_\_ Update #: \_\_\_\_\_

Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.

\_\_\_\_\_  
*Youth's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Caregiver's Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Worker/Probation Officer Signature* \_\_\_\_\_  
*Date*

**Voter Registration Info:**  
Secretary of State Voter Registration  
[www.sos.ca.gov/elections/voter-registration](http://www.sos.ca.gov/elections/voter-registration)

Copies to: Youth  
 Caregiver  
 Case File  
 ILP

Secretary of State Voter Information Contact  
[www.sos.ca.gov/elections/contact/email-elections-division](http://www.sos.ca.gov/elections/contact/email-elections-division)

Secretary of State Voter Hotline  
 (800) 345-VOTE(8683)