



CDSS

WILL LIGHTBOURNE
DIRECTOR

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

744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

September 12, 2018

ALL COUNTY LETTER NO. 18-101

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: ELIGIBILITY FOR EXTENDED FOSTER CARE (EFC) FOR MARRIED
YOUTH AND YOUTH PERFORMING NON-ACTIVE DUTY MILITARY
SERVICE

REFERENCE: [PUBLIC LAW \(PL\) 110-351](#); [ASSEMBLY BILL \(AB\) 12 \(CHAPTER 559, STATUTES OF 2010\)](#); [CHILD WELFARE POLICY MANUAL \(CWPM\)](#); [ALL COUNTY LETTER \(ACL\) 11-69](#); [IN RE H.C. \(2017\) 17 CAL.APP.5TH 1261](#)

PURPOSE

The purpose of this ACL is to inform counties that otherwise eligible married youth are now eligible to enter, re-enter and remain in Extended Foster Care (EFC) as nonminor dependents (NMDs) and receive foster care payments. Further, this letter clarifies that otherwise eligible NMDs who are involved in the military reserves or national guard can participate in EFC, unless they are called to active duty status or otherwise not available for required monthly caseworker visitation.

MARRIED NMDs

When EFC was initially implemented in 2012, the California Department of Social Services (CDSS) issued guidance stating that youth who were married were not eligible for EFC ([ACL No.11-69](#)). Pursuant to that ACL, California's Title IV-E State Plan prohibited married youth from participating in EFC.

In 2013, the Administration for Children and Families (ACF) published guidance in their Child Welfare Policy Manual (CWPM) permitting states to provide Title IV-E foster care to otherwise eligible married youth, age 18 and older ([CWPM 8.3A, Question 4](#)).

In a recent published decision, [In re H.C. \(2017\) 17 Cal.App.5th 1261](#), the Fourth District Court of Appeals found that marriage does not exclude a youth from EFC eligibility in either federal law or California statute. This ruling has mandatory authority over lower courts in California.

As a result of both the federal clarification and case law, CDSS is exercising the federal option to allow otherwise eligible married nonminors to participate in EFC and be eligible for Title IV-E funding. The CDSS has revised the California Title IV-E State Plan to include this policy change and will submit the plan to ACF for approval upon issuance of this letter.

If otherwise eligible, NMDs may now enter, re-enter or remain in EFC if they are married or get married. Married youth in EFC shall be subject to the same Title IV-E supervision requirements as any other NMD and they are eligible for the same placement options, if available and appropriate. In order to be placed in a Supervised Independent Living Placement (SILP), the NMD must still be determined to be ready for this type of placement through a SILP Readiness Assessment.

For the Transitional Housing Program for Nonminor Dependents (THP-NMD), formerly known as the THP+FC program, housing providers that allow non-participant roommates, cannot exclude a married youth solely on the basis of marital status. Spouses of NMDs in the program can be accommodated under the same rules as for other roommates, as long as there are no concerns regarding the safety and wellbeing of the NMD or other participants in the program. All non-participants in a THP-NMD program, including spouses of participants, are subject to a criminal background check ([Health & Safety Code, § 1559.110, subdivision \(g\)\(2\)\(G\)](#)).

NMDS IN THE MILITARY

The [ACL No. 11-69](#) states that youth who “are in the military” are ineligible for EFC, and this prohibition is also included in California’s Title IV-E State Plan through reference. The ACF published guidance in 2013 in the CWPM that a Title IV-E agency is not prohibited from providing Title IV-E foster care to a youth who is enlisted in the military, including youth in the military reserves or Reserve Officer Training Corps (ROTC) ([CWPM 8.3A, Question 4](#)).

While youth who are on active duty military status continue to be ineligible for EFC in California, the CDSS is clarifying that a NMD who is in the reserve command of any branch of the armed forces, or is a member of the National Guard, is eligible for EFC benefits until called upon to serve in active duty, if all other EFC eligibility requirements are met. Youth who are enlisted in the military but not on active duty (including those participating in a ROTC program), are eligible for EFC except during extended training if the military program does not allow a social worker/probation officer to conduct monthly visitation and supervision during this time. The youth would be eligible to re-enter foster care as soon as caseworker visitation can resume.

When a NMD is enlisted in a part-time military program, their Transitional Independent Living Plan (TILP) can include the military participation as a TILP goal. If the goal states that the purpose of the military employment is to enable the youth to gain needed work habits, skills, and responsibilities of maintaining employment, [Welfare & Institutions Code \(W&I\) section 11008.15](#) allows any income derived from the military participation to be disregarded for eligibility determinations.

A person who is on active duty is a full-time member of the military. After completing basic training (also known as boot camp), they are stationed at a base within the U.S. or overseas. Active duty terms typically last two to six years. The period of basic training is considered active duty; therefore, an NMD who enlists and is attending basic training is ineligible for EFC. Persons in the military reserves or National Guard are considered part-time military personnel, although they can be deployed at any time, at which point they are on active duty and ineligible for EFC until the active duty ends.

FUNDING

Federal and/or State Title IV-E funding can be claimed from the beginning of the quarter in which California's amended state plan is approved by the ACF for foster care payments for married NMDs, if the youth is otherwise eligible. It is anticipated that the amended state plan will be federally approved by September 30, 2018, allowing counties to claim back to the beginning of the current fiscal quarter. Other funding, including for the infant supplement, whole family foster home, parenting support mentor, specialized care rate, wrap-around and clothing allowance, are not affected by the marital status of the NMD. There are no changes to the existing state rules for funding for nonminors in the military.

FORMS

The Mutual Agreement for Extended Foster Care ([SOC 162](#)) and the Voluntary Re-Entry Agreement for Extended Foster Care ([SOC 163](#)) have been updated to reflect the policy change on marriage for NMDs and the clarification on eligibility for EFC with regards to military participation. Copies of the revised forms are attached to this ACL and available for download on the CDSS website.

If you have questions or concerns regarding this ACL, you may contact the Transition Age Youth Policy Unit at (916) 651-7465 or TAYPolicy@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

MUTUAL AGREEMENT FOR EXTENDED FOSTER CARE

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, short-term residential therapeutic program (STRTP) or 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. Provide verification of my participation in 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 in how I am meeting one of the five eligibility conditions listed above.
 4. 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).
 5. If I am in a county supervised placement such as a foster home, living with a relative, foster family agency home, in a short-term residential therapeutic program (STRTP) or 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.
6. 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 recommend my case be closed. I understand that I will receive written NOAs and that I can appeal these actions.
- I agree to live in an appropriate approved or licensed foster care placement and 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 will be stopped until I am residing in another approved placement.
- I understand that if I leave extended foster care, I can petition the juvenile court for re-entry to foster care and receive assistance from the county agency with filing the petition if I am under the age limit.
- I understand that the following conditions would make me ineligible to remain in foster care:
- Active duty military service, or other military service if I cannot meet with my county case worker at least once a month.
 - Incarceration (sentenced to confinement)
- 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 find an appropriate approved or licensed placement (such as foster home, relative's home, short-term residential therapeutic program (STRTP) or 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.

Are You Registered to Vote? Access to voter information and registration can be found at the following links:

- [Secretary of State Voter Registration](#)
- [Secretary of State Voter Information Contact](#)

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

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 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, short-term residential therapeutic program (STRTP) or 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 county supervised placement such as a foster home, relative's home, foster family agency home, short-term residential therapeutic program (STRTP) or group home, transitional housing or 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.

— I agree to live in an appropriate approved or licensed foster care placement and 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 will be stopped until I am residing in another approved placement.

— I understand that if I leave foster care, I can petition the juvenile court for re-entry to foster care and receive assistance from the county agency with filing the petition if I am under the age limit.

— I understand that the following conditions would make me ineligible to remain in foster care:

- Active duty military service, or other military service if I cannot meet with my county case worker at least once a month.
- Incarceration (sentenced to confinement)

— 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 find an appropriate approved or licensed placement (foster home, relative’s home, foster family agency home, short-term residential therapeutic program (STRTP) or 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’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:

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