

Please print clearly.

Young Adult: _____ DOB: _____ Last four of SS#: _____

DCS Family Service Worker: _____ County: _____

Bright Futures Services are available to young adults ages 18-23. Young adults are eligible to receive these services, as outlined in policies and procedures, to assist them in meeting their goals. The young adult must have been in DCS custody and considered to have been in a foster care placement at age 18 or exited foster care on or since their 16th birthday by either adoption or Subsidized Permanent Guardianship (SPG).

Part A.

I am currently:

- Completing secondary education or a program leading to an equivalent credential
- Enrolled in an institution which provides post-secondary or vocational education
- Is employed for at least eighty (80) hours per month
- Is participating in a program or activity designed to promote or remove barriers to employment
- Incapable of doing any of the above activities due to a medical condition, including a developmental or intellectual condition, which incapability is supported by regularly updated information in my Transition Plan. I am in compliance with a course of treatment as recommended by the Child and Family Team.

Please read each of the following statements carefully and discuss any question you may have with your DCS Family Service Worker. When you understand the statement and agree, please put your initials in the box next to it.

Part B.

I, _____
Print Name

Have The Right To:

- _____ 1. Receive an individualized life skills assessment of my strengths and needs, if I so choose.
- _____ 2. An assigned Family Service Worker or other staff to help me meet my needs and who will meet with me at least monthly.
- _____ 3. Develop a Transition Plan with help from my Family Service Worker and team.
- _____ 4. Review and update my Transition Plan with help from my Family Service Worker and team.

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RDA 11016

- _____ 5. Receive life skills training which may include classroom instruction, workshops, and online instructional opportunities, if I so choose.
- _____ 6. Pursue goals related to achievement of a high school diploma or equivalency, post-secondary education, services related to a disability or other goals, as applicable.
- _____ 7. Request monetary assistance through IL Wraparound Funding, placement or other housing support, and the Chafee Educational Training Voucher or the State Funded Scholarship (as applicable per policy).
- _____ 8. Receive all essential documents upon discharge from DCS custody, (as applicable).
- _____ 9. Legally sign documents and enter into contracts.
- _____ 10. Request assistance obtaining safe and affordable housing.
- _____ 11. Continued court oversight to help ensure I am getting what I need; this includes advance notice of review dates.

Part C.

I, _____ **Have the Responsibility To:**
Print Name _____

- _____ 1. Work toward the goals I have set in my Transition Plan.
- _____ 2. Live by the rules and laws of society. These are set to ensure safety and respect of others.
- _____ 3. Work with DCS staff and other members of my team to identify and agree to a placement or supervised independent living setting that is safe and supports completion of my Transition Plan goal.
- _____ 4. Maintain contact with my assigned Family Service Worker at least monthly and notify my Family Service Worker of any change in address or telephone number or if the eligibility circumstances identified in Part A of this form change in any way.

I understand and agree to the following, if they currently apply or should they apply in the future:

- _____ 1. Maintain academic eligibility in my approved educational program and maintain sufficient enrollment to complete the program within reasonable timeframes as defined by the institution, as applicable, or

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RDA 11016

- _____ 2. Otherwise maintain eligibility to receive Bright Futures Services per Part A of this form, as applicable.
- _____ 3. Maintain at least 80 hours of employment per month or a program designed to remove barriers to employment if not enrolled in an educational program or enrolled in an educational program part time.

Part D.

What I need to understand by signing this agreement:

- That I hereby give the Department responsibility for my care and placement, as long as I continue to receive services from the Department.
- That DCS will only contribute to my portion of the housing costs if I have an approved living arrangement I share with others and DCS is providing financial assistance.
- That all of these services are voluntary and I maintain eligibility by following the guidelines of this agreement and the goals of my Transition Plan.
- That I must make satisfactory progress on my Transition Plan goal to receive the described services
- That I agree to abide by all requirements to receive Bright Futures Services and to cooperate with DCS in order to initiate and maintain services.
- That my Transition Plan will be reviewed annually by the juvenile court or its representative, and that my progress to achieve the goal established on my Transition Plan, and the provision of services, will be reviewed by the juvenile court or its representative every 6 (six) months.
- That services are subject to funding, meaning if the Department is not able to pay for the applicable program, I may lose these benefits.
- That I must maintain good behavior and not commit criminal activity.
- That I must remain in an approved placement to continue receiving services. This means either a foster home or a supervised independent living placement (a supervised independent living placement can be a college dorm or an apartment with case management, or other independent living program setting).
- That, although legally an adult, I still have to follow the rules of my approved placement, either in a DCS sponsored placement or in the community.

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RDA 11016

Part E.

I have read the above statements and discussed any questions I have with my Family Service Worker and others to get clarity. I understand that if I do not follow this agreement it may result in my no longer being eligible for voluntary services through the Department of Children's Services.

Young Adult's Signature: _____ **Date:** _____

Department Representative Signature: _____ **Date:** _____

**Regional Director/
Designee Signature
(for ECF Choices cases only):** _____ **Date:** _____

**Director of Independent
Living/Designee Signature:** _____ **Date:** _____

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RDA 11016