



# VOLUNTARY COLLABORATIVE CARE AGREEMENT BETWEEN OLDER YOUTH AND THE DEPARTMENT OF CHILD SERVICES (DCS)

State Form 55159 (R2 / 8-19)

**INSTRUCTIONS:**

*This Voluntary Collaborative Care Agreement is effective as long as the youth meets the eligibility criteria for the Collaborative Care (CC) Program. The original remains in the youth's file and copies should be given to the youth, the Court Appointed Special Advocate (CASA) or Guardian ad Litem (GAL) (if involved) and the Court. See policies [11.18 Eligibility for Collaborative Care](#) and [11.22 Voluntary Collaborative Care \(CC\) Agreement](#) for further guidance.*

SECTION I: YOUTH DEMOGRAPHICS			
Name (last, first, and middle initial)			Date of birth (month, day, year)
Address (number and street, city, state, and ZIP code)			
Home telephone number (     )	Cellular/Other telephone number (     )	E-mail address	
County of wardship		County of Collaborative Care Case (residence)	

SECTION II: ELIGIBILITY
<p>This section describes the eligibility criteria to participate in CC.</p> <p><i>Please initial on the space provided for each of the following statements.</i></p> <p>_____ I understand that I must meet <b>all</b> of the following requirements:</p> <ul style="list-style-type: none"> <li>• I must be at least eighteen (18) years of age but younger than twenty-one (21) years of age, and</li> <li>• I must have been in foster care during the month before my eighteenth (18<sup>th</sup>) birthday.</li> </ul> <p>_____ I understand that I must meet <b>at least one (1)</b> of the following conditions:</p> <ul style="list-style-type: none"> <li>• Be enrolled in a secondary education institution or a program leading to an equivalent credential, e.g., a youth age eighteen (18) or older is finishing high school or taking classes in preparation for the Test Assessing Secondary Completion (TASC).</li> <li>• Be enrolled in an institution which provides post-secondary or vocational education, e.g., a youth could be enrolled full-time or part time in a university or college, or enrolled in a vocational or trade school, or</li> <li>• Participate in a program or activity designed to promote, or remove barriers to employment, e.g., a youth could be in Job Corps or attending classes on resume writing and interview skills or working with a CC provider on Independent Living Skills, or</li> <li>• Be employed for at least eighty (80) hours per month, e.g., a youth could be employed part time or full time, at one (1) or more places of employment, or</li> <li>• Incapable of performing any of the activities described above due to a documented medical condition.</li> </ul> <p>_____ I understand that I will continue to be eligible to participate in CC as long as I meet at least one of the above conditions.</p> <p>_____ I understand that I must provide information regarding my eligibility status, which may include pay stubs and written confirmation of employment status and/or grade reports to DCS.</p>

SECTION III: PLACEMENT AND SERVICES
<p><i>Please initial on the space provided for the following statement.</i></p> <p>_____ I have reviewed the below descriptions of traditional foster care settings and supervised independent living placements, and understand that I will be living in one of these placement types under the placement, care and responsibility of DCS.</p>

**SECTION III: PLACEMENT AND SERVICES (continued)**

**TRADITIONAL FOSTER CARE SETTING:**

Placement Type	Agency Responsibilities		
	DCS Collaborative Care Case Manager (3CM)	Older Youth Services (OYS) Provider	Other Contractor
Foster Home • County • Relative • Unlicensed Court Approved Placement	DCS case management Placement supervision Service referral and oversight	Independent Living Services	Other services as referred
Foster Home • Licensed Child Placing Agency (LCPA)	DCS case management Service referral and oversight	Independent Living Services	Other services as referred LCPA provides: • Placement supervision • Internal Case Management
Group Home	DCS case management Service referral and oversight	Independent Living Services	Other services as referred Group Home provides: • Placement supervision • Internal Case Management
Residential / Child Caring Institution (CCI)	DCS case management Service referral and oversight	Independent Living Services	Other services as referred CCI provides: • Independent Living Services (starting at age sixteen (16)) • Placement supervision • Internal case management

**SUPERVISED INDEPENDENT LIVING PLACEMENTS:**

Placement Type	Agency Responsibilities		
	DCS Collaborative Care Case Manager (3CM)	Older Youth Services (OYS) Provider	Other Contractor
Host Home	DCS case management Placement supervision Service referral and oversight	Independent Living Services <i>(only as referred)</i>	Other services as referred Host Home Adult provides: • Independent Living Services • Ansell-Casey Life Skills Assessment (ACLSA)
Shared Apartment / Housing	DCS case management Service referral and oversight	Independent Living Services Placement supervision and fiscal responsibility	Other services as referred
College Dorm	DCS case management Placement supervision Service referral and oversight	Independent Living Services <i>(only as referred)</i>	Other services as referred
Own Apartment / Housing	DCS case management Service referral and oversight	Independent Living Services Placement supervision and fiscal responsibility	Other services as referred

**SECTION IV: COURT APPOINTED SPECIAL ADVOCATE (CASA) OR GUARDIAN AD LITEM (GAL) APPOINTMENT**

*Please choose one option:*

Yes, I want a CASA or GAL appointed for my CC case.

I request that the Court Appoint \_\_\_\_\_ as my CASA or GAL regarding my CC case.

Signature of CASA / GAL

Date signed (month, day, year)

Printed name of CASA / GAL

No, I do not want a CASA or GAL appointed for my CC case.

**SECTION V: COURT**

*Please initial on the space provided for each of the following statements:*

\_\_\_\_\_ I understand that formal hearings will be held regarding my CC case every six (6) months.

\_\_\_\_\_ I understand that I have the right to receive notice of these hearings.

\_\_\_\_\_ I understand that I have the right to attend these hearings.

\_\_\_\_\_ I understand that I have the right to submit my own reports or documents to the court regarding my CC case.

**SECTION VI: TERMINATION OF THE COLLABORATIVE CARE PROGRAM**

Please initial on the space provided for each of the following statements:

- 1. I understand that my participation in CC will end when any of the following occurs:  
 The day before my twenty-first (21<sup>st</sup>) birthday, or  
 I no longer meet the eligibility requirements, or  
 I sign the [Collaborative Care Case Request for Case Dismissal \(State Form 56005\)](#).
- 2. I understand a thirty (30) day plan may be initiated if I fail to meet the continuing eligibility requirements, which could lead to termination of the Voluntary Collaborative Care Agreement.
- 3. The Voluntary Collaborative Care Agreement may be terminated by DCS if any of the following occurs:  
 I fail to submit documentation to my 3CM every three (3) months in order to confirm my continued eligibility for CC.  
 I fail to comply with my Case Plan.  
 I fail to meet eligibility requirements of CC.  
 I fail to report any changes that would affect my eligibility status by the business day following the change.  
 I violate any written standards of conduct specified by the Rules or Policies of DCS or my CC placement.

**Rules of Conduct**

- DCS expects open communication and full disclosure.
- Refrain from obtaining or using illegal substance.
- Refrain from selling, distributing, or manufacturing illegal substance.
- Refrain from participating in criminal activity or any unlawful act.
- Refrain from participating and being charged with a felony or misdemeanor.
- Refrain from incarceration of a period of thirty (30) days or more.
- Have consistent, meaningful visits and contact with the 3CM and/or DCS OYS provider pursuant to DCS visitation policy and service standards.
- Be respectful of others' personal space and property.

- I move out of the State of Indiana from a DCS approved placement.
- I move from my approved CC placement without notifying DCS.
- I fail to meet, face-to-face, with my 3CM on at least a monthly basis.
- If felony criminal charges are filed against me, I may be discharged from CC. I understand that such charges may not bar me from receiving Voluntary Independent Living Services.

**SECTION VII: PARTICIPATION AND SIGNATURE – VOLUNTARILY ENTER THE COLLABORATIVE CARE PROGRAM**

Please initial on the space provided for each of the following statements and print, sign and date in the signature boxes:

- I am agreeing to voluntarily enter the CC program.
- I agree to be placed in a traditional foster care setting or a supervised independent living placement, as described in this Voluntary Collaborative Care Agreement, under the placement, care and responsibility of DCS.
- This Voluntary Collaborative Care Agreement will be effective upon the court's approval of the order to allow the older youth to enter the CC program.

Effective date (month, day, year)

Signature of youth

Date signed (month, day, year)

Printed name of youth

Signature of 3CM

Date signed (month, day, year)

Printed name of 3CM