



# CHAFEE INDEPENDENT LIVING / OLDER YOUTH VOLUNTARY SERVICES APPLICATION AND SERVICE AGREEMENT

State Form 52692 (R2 / 3-19)  
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:** This form is to be completed with youth who voluntarily agree to participate in Chafee Older Youth Voluntary Services after their DCS wardship has been dismissed.
1. FCM, 3CM, or Older Youth Services (OYS) Provider complete form with Youth.
  2. Send form to OYS Provider and/or Independent Living Specialist.
  3. Give copy of signed form to youth.
  4. Place original in youth's file.

PART 1 VOLUNTARY SERVICES APPLICATION			
<b>Section A</b>			
Name		Date of birth (month, day, year)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race	<input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American <input type="checkbox"/> Not yet determined
		<input type="checkbox"/> Multiracial	Hispanic ethnicity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet determined
Maiden name (if applicable)			
Address (number and street, city, state, and ZIP code)			County of residence
Telephone number (home) ( ) ( )	Cellular number ( ) ( )	E-mail address	
<b>Section B</b>			
1. What was your living situation on your eighteenth (18th) birthday?			
<input type="checkbox"/> Home of parents or legal guardian	<input type="checkbox"/> Group home	<input type="checkbox"/> Shelter	
<input type="checkbox"/> Trial home visit	<input type="checkbox"/> Residential treatment center	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Foster home	<input type="checkbox"/> Department of Correction / Detention	<input type="checkbox"/> Runaway	
<input type="checkbox"/> College Dormitory	<input type="checkbox"/> Host Home (Kinship / Relative)	<input type="checkbox"/> Other: _____	
2. Do you currently have resources with a combined value of more than \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Current marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
4. Number of children	Currently pregnant or father of unborn child?	How many of these children are living with you?	Living situation of other children
5. Living arrangements of youth (e.g. with relative, roommate, etc.)		6. Level of education completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 12+ <input type="checkbox"/> GED	
7. Are you currently enrolled in an educational program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?	
8. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Not employed	Have you applied for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Current salary or wage per hour	Name of employer	Occupation	Date started (month, day, year)
10. Do you have current medical coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name of insurance provider	
11. What other services are currently being provided to you?			
<b>Section C</b>			
List four (4) adults who would always know how to locate you.			
Name	Telephone Number	E-mail Address	

**PART 2****VOLUNTARY SERVICES AGREEMENT**

The terms of this agreement include:

1. Completion of the I Casey Life Skills Assessment (CLSA) at intake and every twelve (12) months thereafter.
2. Participation in the development of my Independent Living Plan based on needs identified in the CLSA.
3. Emancipation goods and services funding based on need and available funding.
4. Room and board funds for which I am eligible and which will only be provided when my participation in case management services is consistent. Sporadic and inconsistent participation in case management services may cause room and board assistance to be discontinued.
5. Participation in completion of a Chafee Assessment and at case closure.

I agree to be active in the Independent Living / Older Youth Services (OYS) program, including establishing and accepting responsibility for my independent living goals.

I understand that this agreement will be terminated if I do not follow through as agreed. I understand that either the Department of Child Services (DCS) or I may terminate this voluntary agreement by a ten (10) day notice in writing. If this agreement is terminated, I understand that I have a ninety (90) day period within which to renegotiate this agreement under terms that are mutual between my Chafee Independent Living / Older Youth Services service provider and myself. I also understand that I have the right to request a meeting with my Chafee OYS service provider and the State IL Specialist to discuss any decision to terminate under the terms of my agreement.

I understand that the DCS and/or the Chafee OYS service provider will not be financially responsible for damages that I am responsible for nor will the DCS provide legal counsel for me if I am involved in a legal situation. I understand that the DCS and/or the OYS service provider will not be financially responsible for any contracts that I enter into.

I hereby authorize the Older Youth Services service provider to release all information regarding my independent living goals and progress to the Department of Child Services.

Signature of youth

Date of signature (*month, day, year*)

Printed name of youth