#### DEPARTMENT OF CHILDREN AND FAMILIES

Division of Safety and Permanence

**Voluntary Transition to Independent Living Agreement**

**Use of form:** This voluntary agreement to extend care may be used for a person who is eligible under Wisconsin Statute Section 48.366 or 938.366 for Extended Out-of-Home Care and is placed in an approvedfoster home, group home, residential care center for children and youth, in the home of an approved relative other than a parent, or in an approved supervised independent living arrangement. Aperson who is eligible under Wisconsin Statute Section 48.366 or 938.366 for Extended Out-of-Home Care, or the person’s authorized guardian, and the appropriate agency which was primarily responsible for providing services to the person under a prior order or the appropriate agency where the person resides may enter into a transition−to−independent−living agreement under which the person continues in out−of−home care until age 21 if the person continues to be a full−time student at a secondary school or its vocational or technical equivalent under an individualized education program, meets all other eligibility requirements and conditions of the agreement, and the agency provides services to the person to assist him or her in transitioning to independent living.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I |  | | | | | | , born on | |  |  |
| (First, MI, Last) | | | | | | |  | | (mm/dd/yyyy) |  |
| herby request | |  | | | | | | , to continue to live or place me into: | | |
|  | | (County Department, BMCW or DCF) | | | | | |  | | |
| foster home   treatment foster home  relative home  group home  Supervised Independent Living  RCC | | | | | | | | | | |
|  | | | | | | | | | | |
| Placement dates are from | | |  | to |  | . | | | | |
|  | | | (mm/dd/yyyy) |  | (mm/dd/yyyy) |  | | | | |

I understand that I or my authorized guardian may terminate this agreement at any time before my 21st birthday.

I understand that a Permanency Plan, under s. 48.38 or s. 938.38 Wis. Stats., will be prepared and reviewed by a court and that I will be involved in the development and review of my Permanency Plan. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

I agree to:

* Maintain enrollment as a full-time student at a secondary school or its technical or vocational equivalent;
* Be the subject of an individualized education plan under s. 115.787 Wis. Stats.
* Comply with school attendance requirements in my individualized education program under s. 115.787 Wis. Stats., school district policies, and truancy laws and ordinances;
* Grant placement and care responsibility to the agency named above;
* Participate in activities assigned by my agency to prepare me for independent living;
* Live in out-of-home care in a foster home, group home, residential care center for children and youth, in the home of an approved relative other than a parent or in an approved supervised independent living arrangement approved by (County Agency, DMCPS or DCF).
* Inform the agency named above of my whereabouts and not have periods of time in which I would be considered missing from out-of-home care;
* Maintain regular contact with the agency named above;
* Notify the agency above within 10 days of any change in circumstances that affects my complying with this agreement, including but not limited to changes in my living arrangements, school status, and my participation in independent living activities assigned by my agency.

I understand this agreement will terminate in any of the following circumstances:

* The conclusion of the terms of this agreement;
* At my request or my guardian’s request;
* I attain the age of 21;
* I am no longer a full-time student at a secondary school or its technical or vocational equivalent;
* I no longer have an individualized education plan under s. 115.787 Wis. Stats.;
* I am absent without permission or missing from my out-of-home care placement for more than two weeks; or
* Upon my entry into military service.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **SIGNATURE** – Young Person |  | Date Signed |
|  |  |  |
| **SIGNATURE** – Adult Guardian (as appropriate) |  | Date Signed |
|  |  |  |
| **SIGNATURE** – Department Representative |  | Date Signed |