

Virginia Department of Social Services
Foster Care Program
Guidelines for Resuming Independent Living Services
for Youth Ages 18-21

During the 2008 session, the General Assembly amended §63.2-905.1 of the Code of Virginia to allow youth between the ages of 18 and 21 who have decided to discontinue receiving independent living services to resume receiving independent living services within 60 days of the discontinuation of services. This document provides guidance for independent living service delivery to those youth.

Section 1 Eligibility Requirements

A former foster care youth is eligible to resume independent living services if the youth meets the following:

- returns for independent living services within 60 days of discontinuing services;
- is between the ages of 18 and 21 but has not yet reached his 21st birthday;
- was in the custody/care of a local department of social services (LDSS) in Virginia at the time of his 18 birthday;
- is a resident of Virginia;
- completes an initial application requesting services;
- enters an agreement specifying the responsibilities of the youth, the LDSS, and other providers as appropriate; and
- is not on active military duty.

Section 2 Application Process

The former foster youth interested in resuming independent living services shall apply directly to the LDSS that held custody of the youth. An [“Application to Resume Independent Living Services”](#), which will serve as the temporary written agreement, must be completed and signed by the youth and a representative of the LDSS. The completion of the initial application will be verification that the youth requested a resumption of services within the legally allowed time frame. (If the youth completes the application with the licensed child placing agency (LCPA) in which he had been placed, it is the LCPA’s responsibility to contact the LDSS that had custody of the youth and submit the youth’s application to the LDSS). The application must address at least the following:

- All identifying information about the youth including name, address, all contact information, and date of birth;
- Why the youth is requesting to resume independent living services;
- The independent living services the youth is requesting; and

- The date by which a follow-up meeting will be scheduled with the youth to complete the written agreement.

Acceptance of the initial application requesting services is based on the willingness of the youth to enter into an agreement that documents service needs and expectations of the youth, LDSS or LCPA, and other parties providing services to the youth. The representative of the LDSS or LCPA must ensure the youth has provided all necessary information on the initial application. The representative should not sign the application requesting services until it has been reviewed with the youth.

The request for services will be denied if the youth does not meet eligibility requirements as outlined in Section 1, the youth refuses to complete all application items or the youth refuses to meet with the team to complete the agreement. It is the responsibility of the assigned worker to review the application, confirm the date, time and location of the team meeting with the youth and provide any assistance necessary to facilitate completion of the application and attendance at the team meeting. The youth's application must be reviewed and a team meeting scheduled within 10 business days upon receipt of the initial application.

Section 3 Assessment

The request to resume independent living services is based on the youth's willingness to meet with a team of individuals to complete the "[Resuming Independent Living Services Agreement](#)" and his willingness to cooperate with recommended services. The agreement describes the responsibilities of the youth, LDSS, LCPA if applicable, and any other parties that may be involved with the youth. The agreement will be developed by a team of individuals which will include but not be limited to the following:

- The youth;
- An individual identified by the youth as a permanent connection in his life. This should be an individual with a positive relationship with the youth willing to offer long term, on-going support and who will assist the youth in successfully transitioning to self-sufficiency (e.g., relative, family friend, former teacher and former foster parent);
- Previous social worker (If the previous social worker is not available or no longer employed by the agency and cannot be consulted, the agency should attempt to include the previous worker's supervisor or other social worker that has some knowledge of the youth. If no one remains in the agency that has knowledge of the youth, a new social worker must be assigned and that worker is responsible for reviewing the information in the case file including OASIS);
- Independent Living Coordinator;
- Foster Care Supervisor;
- Representatives from the LCPA where the youth had been placed; and

- At least one appropriate community stakeholder, (e.g., Community Services Board (CSB), Division of Rehabilitation Services (DRS), Comprehensive Services Act (CSA) Coordinator and Adult Services worker).

The community stakeholder should be a person(s) capable of providing ongoing services to the youth after age 21 (e.g., for youth requiring psychiatric services, a representative of the CSB would be an appropriate community representative for the youth's team).

The team should address the following issues with the youth in the scheduled meeting to review the application for independent living services:

- The youth's social support system (including peers, adults, family members, etc) and how those individuals identified by the youth provide assistance, a sense of connection/family, and accessibility of those individuals to the youth;
- The short and long terms goals identified by the youth and team;
- The youth's willingness to actively participate in an educational program (i.e. high school diploma, GED, vocational training program, college);
- The youth's willingness to cooperate with a life skills assessment if one was not completed within the last 6 months;
- The youth's willingness to participate in a substance abuse evaluation or mental health evaluation if recommended by the team; and
- Any other factors that affect the youth's ability to establish self-sufficiency (i.e.; lack of family support, social skill needs, criminal charges pending, substance abuse or mental health issues).

Acceptance of independent living services is based on the willingness of the youth to participate with services and expectations as documented in the "Resuming Independent Living Services Agreement". The youth will be denied the opportunity to resume independent living services if he refuses to comply with the recommendations as outlined in the agreement.

A copy of the agreement is given to the youth, another copy is given to the LCPA when applicable and the original copy shall be kept in the case record. The youth and the social worker should review the agreement at least every 3 months and if additional services are recommended, the team should re-convene.

Section 4 Eligible Services

The *Code of Virginia* (§ 63.2-905.1) defines independent living services as services and activities provided to a child in foster care 14 years of age or older and who has been committed or entrusted to a LDSS, child welfare agency, or LCPA. It also means services and activities provided to a person who was in foster care on his 18th birthday and has not yet reached the age of 21 years.

Youth returning to the LDSS or LCPA are eligible for independent living services which include but are not limited to the following:

- Formalized Life Skills Assessment-(e.g.: Ansell Casey Life Skills Assessment). It is encouraged that all eligible youth complete an assessment to determine their strengths and areas needing improvement to prepare them for self-sufficiency. A new assessment is not needed if one has been completed within the last 6 months.
- Developing Connections – the LDSS or LCPA should discuss the youth’s preferences and need for connections with positive adults who are willing to provide support and stability to the youth on an on-going basis.
- Housing - the LDSS or LCPA should assist the youth in developing an independent living arrangement. (e.g.; a youth may obtain an apartment, live in a half-way house, live with relatives or return to a former foster home where the foster parents have agreed to let the youth live there as an independent living arrangement and not as a foster care placement. An Independent Living Agreement must be developed as agreed to by the youth, the relative, the former foster parent and LDSS or LCPA. The youth may also receive assistance with purchasing household goods, supplies, utility and rent deposits. No placement services are provided (i.e. foster care placement, group homes, residential facilities, etc.)
- Education - assistance in obtaining a high school diploma or GED, tutoring, or assistance in preparing for and entering college.
- Counseling - assistance in obtaining mental health counseling or substance abuse counseling.
- Employment - assistance with job seeking skills such as job search, completing an application, interviewing, resume writing, career planning or job retention.
- Financial Assistance – determine youth’s eligibility for an independent living stipend funded through CSA.
- Money Management - assistance with developing a budget, establishing a bank account, or balancing a checkbook.
- Support - personal or emotional support through mentors.
- Access to essential documents - assistance in obtaining a birth certificate or social security card.
- Other Services and Assistance - Education and Training Vouchers (ETV) are available for youth enrolled in higher education and post secondary vocational programs. ETV funds can help with expenses associated with going to college or post-secondary vocational training programs (i.e. tuition and fees, computers, books, transportation, room and board).

For services not funded by Chafee funds (e.g. Independent Living Stipend), the youth shall be referred to Family Assessment and Planning Team (FAPT). (See Section 5 “Funding”.)

Section 5 Funding

If a youth resumes independent living services, the team shall explore funding sources such as Chafee/Independent Living funds, CSA, CSB, Medicaid, and private insurance. If it is determined that CSA funds are needed, the assigned worker must take the case to the FAPT in accordance with local procedures.

Section 6 Contact with the Youth

There will be a minimum of one monthly contact (phone, in-person, email, etc.) by the assigned worker of the LDSS or LCPA and the youth. Every 90 days the contact must be face-to-face and occur in the residence of the youth. The needs of the youth should determine the frequency of the contacts beyond the minimum requirements.

A supervisory review must occur at least every 6 months and must include the youth and the members of the team. The composition of the team may change to include any additional permanent connections for the youth.

Section 7 Discontinuance of Independent Living Services

Independent living services shall be discontinued when:

- The youth reaches 21 years of age;
- The youth completes the services identified and has rectified the situation that brought him to apply for independent living services;
- The youth is non-compliant with the terms of the agreement; or
- The youth requests that independent living services be discontinued.

Section 8 Formal Request for a Decision Review

The youth may request that the LDSS director conduct a formal review of the decision if the application to resume independent living services is denied by the team or the youth does not agree with the decision to discontinue services.

Section 9 Reporting

Youth resuming independent living services shall have their case documented in OASIS under case type “IL Former Foster Care Youth-ages 18-21”. Services provided to the youth must be documented in the contact screen. In addition, documentation must include issues identified, visitation, and progress made toward achieving agreed upon goals.

Section 10 OASIS*

Specific procedural guidance regarding how to open, re-open, and document these cases in OASIS is outlined in the screens printed below.

These instructions are for a closed case. If case is still open start with reassigning the case type.

Closed case located under search.

The screenshot displays the OASIS TRAINING application interface. A 'Case Search Matches' dialog box is open, showing search results for case 20047824. The dialog box contains three sections: 'Case Matches', 'Case History', and 'Case Client List'. The 'Case Matches' section shows a table with one row: Case ID 20047824, Case Name IL, Type Of Case Case Closed, and Locality State Office. The 'Case History' section shows a table with one row: Open Date 07/23/2008, Close Date 07/23/2008, and Reason Child aged out. The 'Case Client List' section shows a table with one row: Client ID 5245305 and Client Name TEEN IL. The background shows the OASIS TRAINING main window with a menu bar (File, Edit, Functions, Tools, Help, O-mail) and a toolbar with various icons. The Windows taskbar at the bottom shows the Start button, several open applications, and the system clock at 5:30 PM on 07/23/2008.

Case ID	Case Name	Type Of Case	Locality
20047824	IL	Case Closed	State Office

*** Indicates Restricted Case.

Open Date	Close Date	Reason
07/23/2008	07/23/2008	Child aged out

Client ID	Client Name
5245305	TEEN IL

Select Reopen button

OASIS TRAINING [Read Only]-Case Summary - IL

File Edit Functions Tools Help O-mail

Workload Ref. Log Inbox Supervisor Org Resource Other Svc Sys. Admin Search Cnt List Ticklers File Cabinet Reports

Workload Summary Client Relations Coll Info Contacts Services Case Pla Cust Status Placement Adopt Court Other Reports

Case Closure History

Open Date	Close Date	Reason
07/23/2008	07/23/2008	Child aged out

Open Date: 07/23/2008 Close Date: 07/23/2008
Reason: Child aged out
Closure Summary: emancipation

Case Type History

Case Type	Begin Date	End Date
Case Closed	07/23/2008	00/00/0000
IL Former Foster Care	07/01/2008	07/23/2008

X Reference Add Date

Insert X-Ref
Remove X-Ref

Case Information

Case Name: IL Primary Worker: PAM SHEFFIELD
Case Number: 20047824 VACIS Case Number:
Agency Locality: State Office DSS Case Number: 20047824

Address

Format
 Street Address P.O. Box:
 P.O. Box Rural Route Number: Box Number:

Add

Change

Delete

Clear

Case Type History...

Reopen...

Close Case..

Cancel

Assign case to worker

Assign/Transfer - Case: 20047824

County	Unit	Social Worker	Responsibility	Start Date	End Date
Chesterfield	SHEFFIELD, P-2	SHEFFIELD, PAM	Primary	07/23/2008	07/23/2008

Transfer Locality:

Assign to Unit Unit:

Assign to Worker Unit:
Social Worker:

Responsibility

Primary Description:

Secondary

Summary

Assign/Transfer Dates

Start: 07/23/2008
End: 07/23/2008

Buttons: OK, Cancel, New, Supervisor, Help

Taskbar: Ready Case : 20047824 wm_1014_cm_case_summary 07/23/2008 5:32 PM 3.3.0

Choose IL case type/IL Former Foster Care Youth (18-21)

The screenshot shows the OASIS TRAINING application interface. The main window is titled 'Update Case Type History'. It features a menu bar with 'File', 'Edit', 'Functions', 'Tools', and 'Help'. Below the menu is a toolbar with various icons for navigation and actions. The main content area is divided into two sections: 'Case Type History' and 'Case Type Information'.

Case Type History

Case Type	Begin Date	End Date
IL Former Foster Care (18-21)	07/23/2008	00/00/0000
Case Closed	07/23/2008	07/23/2008

Case Type Information

Case Type: Begin Date: End Date:

Buttons on the right side of the dialog include: Ok, Cancel, Delete, New, and Help.

At the bottom of the screen, the Windows taskbar shows the Start button, several open applications (including 'Sent Items - Mic...', 'IL Case Type.do...', and 'OASIS TRAINI...'), and the system tray with the time '5:33 PM'.

Select all clients and show

The screenshot displays the OASIS TRAINING software interface. The main window is titled "Case Summary - IL" and contains two tables: "Case Closure History" and "Case Type History". A "Select Client" dialog box is open, showing a list of clients. The dialog has a "Clients" section with a table containing one entry: "TEEN IL" with Client ID 5245305, Age 20, Gender Female, and Date of Birth 01/10/1988. Below the table are radio buttons for "Active Clients" and "All Clients", with "All Clients" selected. The dialog also has buttons for "Show", "Cancel", "New", "Delete", "Sort...", and "Help".

Open Date	Close Date	Reason	Case Type	Begin	End
07/23					
07/23					

Name	Client ID	Age	Gender	Date of Birth
TEEN IL	5245305	20	Female	01/10/1988

Active Clients
 All Clients

Street Address
 P.O. Box

Format: P.O. Box: [] Rural Route Number: [] Box Number: []

Buttons: Show, Cancel, New, Delete, Sort..., Help, Add, Cancel

Taskbar: Ready Case : 20047824 wr_1040_cl_selection 07/23/2008 5:35 PM 3.3.0

On General Information screen update remove involvement end date so client will be active in case again

OASIS TRAINING

File Edit Functions Tools Help O-mail

Workload Ref. Log Inbox Supervisor Org Resource Other Svcs Sys. Admin. Search Clnt List Ticklers File Cabinet Reports

Workload Client Gen. Info. Summary Demo Emp/Edu Finances Medical Abs/Parent AFCARS

General Information - IL - TEEN IL

Dates of Involvement in Case

Start Date: 07/01/2008 End Date: 07/23/2008 Reason for End Date: [Dropdown]

Non-participating Member Child Foster Child In Household Head of Household

Client

Prefix: [] *First: TEEN Middle: [] *Last: IL Suffix: []

Medicaid # [] Identity Unknown Name Assigned by Agency

Gender: Female Date of Birth: 01/10/1988 Religion: [Dropdown]

SSN: - - Date of Death: 00/00/0000 Date of Death Verified

Eyes: [Dropdown] Hair: [Dropdown] Distinguishing Characteristics: [Text Area]

Height: [] Weight: [] Lbs. [] Oz.

Languages

[Text Area] Select...

Buttons: Add, Change, Delete, Clear, Cancel

Ready Case : 20047824 Client : 5245305 wvn_1016_cl_general 07/23/2008 5:37 PM 3.3.0

Start [Icons] Sent Items - Mic... IL Case Type.do... OASIS TRAINI... il prints for Phil.d... IL Case Type.do... Address [Icons] 5:37 PM

Update address data information

OASIS TRAINING [Window Title Bar]

File Edit Functions Tools Help O-mail

Workload Ref. Log Inbox Supervisor Org Resource Other Srvc Sys. Admin Search Clt List Ticklers File Cabinet Reports

Workload Client Demo Address AKA Char Marital Court #

Client Addresses and Phone Numbers - IL - TEEN IL

Address

Type	Address	City	State
			Virginia

Add Change Delete Clear

Phone Numbers

Phone Type	Phone Number	Ext.	Comments

Insert Phone # No Phone
Remove Phone #

Address Detail

Format

- Street Address
- P.O. Box
- Rural Route Address
- Foreign Address

Address Type: [Dropdown]

P.O. Box: [Text] Start Date: 00/00/0000
Rural Route Number: [Text] End Date: 00/00/0000
Box Number: [Text]

Street

Number: [Text] PreDir: [Dropdown] Name: [Text] Suffix: [Dropdown] PostDir: [Dropdown]

Cancel

Ready Case : 20047824 Client : 5245305 wm_1017_cl_address 07/23/2008 5:41 PM 3.3.0

Start [Taskbar Icons] Sent Items - Mic... IL Case Type.do... OASIS TRAINI... il prints for Phil.d... IL Case Type.do... Address [System Tray Icons] 5:41 PM

Enter funding type

OASIS TRAINING File Edit Functions Tools Help O-mail

Workload Ref. Log Inbox Supervisor Org Resource Other Svcs Sys. Admin. Search Client List Ticklers File Cabinet Reports

Workload Client Finances Funding Income Assets Debts Payment Hist.

Funding - IL - TEEN IL

Funding Source	Type	Program Category	Date Effective	End Date	Source of Payment	Monthly Payment
Foster Care	CSA		00/00/0000	00/00/0000	CSA	\$0.00

Source of Payment:

TITLE IV-E
 CSA
 OTHER (Must Check Other Resources)
 NONE

Monthly Maint. Payment:

Source of Payment:

STATE
 TITLE IV-E
 STATE
 OTHER (Must Check Other Resources)
 NONE

Monthly Maint. Payment:

Other Resources (Check all that apply)

TITLE IV-A (TANF)
 SSI
 SSA
 Other

Title XIX (MEDICAID)
 Yes
 No
 Medicaid Treatment Residential
 Yes
 No

Ready Case : 20047824 Client : 5245305 wm_1020_cl_entitle_elig 07/23/2008 5:40 PM 3.3.0

Start | Sent Items - Mic... | IL Case Type.do... | OASIS TRAINI... | il prints for Phil.d... | IL Case Type.do... | Address | 5:40 PM

Utilize Contact screen

OASIS TRAINING [Window Title Bar]

File Edit Functions Tools Help O-mail

Workload Ref. Log Inbox Supervisor Org Resource Other Svcs Sys. Admin Search Clnt List Ticklers File Cabinet Reports

Workload Contacts Coll Info Visits

Case Client/Collateral Contact Information - IL - New

General Info

Worker Name: PAM SHEFFIELD Source: Case

Type/Loc.: Face to Face (DSS Office) Word Document: []

Status: Attempted Completed Date: 07/23/2008 Time: 11:00 a.m. p.m.

Participants

***Client/Collateral**

Name	Role	Select...
TEEN IL	Client	[]

***Non-Client/Non-Collateral Participant**

[]

Purpose/Comments

Purpose: Independent Living [Select...]

Comments: Running narrative here [Text Area]

[Add] [Change] [Delete] [Clear] [Find...]

[Cancel]

Ready Case : 20047824 wm_1145_ft_contact_client 07/23/2008 5:34 PM 3.3.0

Start [Taskbar Icons] Sent Items - Mic... IL Case Type.do... OASIS TRAINI... il prints for Phil.d... IL Case Type.do... Address [System Tray Icons] 5:34 PM

