

YOUTH RIGHTS ACKNOWLEDGEMENT FORM

MY RIGHTS AND RESPONSIBILITIES

Directions: Please read the following information on your rights and responsibilities. If you do not understand, it is your service worker's responsibility to explain anything that is not clear to you. Some of these items may not apply to you. When you are sure you understand each statement, place a check mark beside each statement. At the end, you will be asked to sign the form. Your signature means you have reviewed and understand your rights and responsibilities.

- Safety - As a young person in foster care; you have the right to be in a safe home that is free of violence, abuse, neglect and mistreatment (exploitation).
- Education – You have the right to go to school and get an education that fits your age and any special needs you may have. You also have the right to stay in the same school you were enrolled in before coming into foster care if possible.
- Health – You have the right to be regularly taken to doctors and dentists, including eye doctors, for medical evaluation, medical care, and/or treatment as needed.
- Appeal – You have a right to appeal the suspension, reduction, termination, delay or denial of services in your transitional living plan for independent living services.
- Court Participation – You have a right to attend court hearings involving your care, be consulted in the development of and any revisions to your case and permanency plan. You also have the right to tell the judge what is happening to you and what you want regarding your plan for permanency. You can choose up to two individuals for your case and permanency planning team (subject to agency disapproval if not in the best interest of the youth).
- Sibling Visitation – You have a right to have regular contact and visitation with your siblings if you are separated. Your foster care plan shall take into account your wishes. The communication may include but are not limited to face-to-face visits, telephone calls, emails, and video conferencing.
- Credit Reports – Beginning at age 14 until age 17, you shall be entitled to an annual credit report free of charge. If there are any inaccuracies, the agency will help to resolve them.
- You understand that you may be asked to participate in a National Youth in Transition Database (NYTD) Survey asking questions of older youth and young adults who are or have been in foster care. The purpose of the survey is to learn how to better meet the needs of youth in foster care so they can be successful in life. You understand that if you are or was asked to participate in the survey at 17 years of age, you may be asked to complete the survey on or around your 19th and 21st birthdays.
- You understand that Virginia participates in a federal program called Education and Training Vouchers (ETV). The ETV Program is designed to help youth who were in foster care and those adopted from foster care after reaching the age of 16 with funding for qualified post-secondary school and vocation related expenses. For more information about ETV, you understand that you can ask your worker.

You understand that local departments of social services and licensed child-placing agencies may, but are not required to, provide independent living services to persons between 18 and 21 years of age who are in the process of transitioning from foster care to self-sufficiency. Even though anyone over age 18 is an adult under Virginia law, young adults who were in foster care before the age of 18 may continue to receive services from LDSS between ages 18 and 21 under certain conditions. These conditions include:

1. You willingly agree to cooperate with all services and this is documented in your case record.
2. You are making progress in an educational, treatment, or training program; **or**
3. You are in permanent foster care and require continuing foster care to assist me in participating in an educational, training, or treatment program, and I wish to continue receiving services.

At age 18, you shall be provided an official or certified copy of my (1) birth certificate; (2) social security card; (3) health insurance information; (4) medical records; (5) driver's license or state-issued identification card.

You understand that during the 90 days before you turn age 18, you will finalize your plans for successfully transitioning from foster care to adulthood. This Plan for Successful Transition will include the names of adult(s) who have agreed to help you during this transition and in the future. It will also address your specific needs, including housing, health insurance, education, mentors, workforce supports, employment services, and any other needs.

You understand that if you end Independent Living services after reaching age 18 but before your 21st birthday, you can ask that these services be started again. However, the request to resume services **MUST BE MADE WITHIN 60 DAYS**. You understand these services may not be available to you if you ask for them 61 days after you end services.

You understand the importance of identifying someone to make health care treatment decisions on your behalf, if you become unable to make them and if you do not have or want a relative to make these decisions. You understand that you can identify a health care power of attorney using the form on the Virginia Department of Health's website, entitled "Virginia Advance Medical Directive."

You understand that if you end Independent Living services after reaching the age of 18 and 60 days have passed (from the time you ended services) and you are not yet 21 years of age, then there may be limited funds to purchase needed services on your behalf. Those services may include financial, housing, counseling, employment, education, and other appropriate services to help with your own efforts to achieve self-sufficiency.

You understand that if you are a man ages 18 through 25 and living in the U.S., then you must register with Selective Service. It's the law. According to law, a man must register with Selective Service within 30 days of his 18th birthday. You may be denied benefits or a job if you have not registered.

You can register at any U.S. Post Office or online at <https://www.sss.gov/RegVer/wfRegistration.aspx>

Your signature means you have reviewed and understand your rights and responsibilities.

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| Youth's Signature: | | Date: | |
| Social Worker's Name: | | | |
| Social Worker's Signature: | | Date: | |
| | | | |
| Other (Please Print Name): | | | |
| Relationship to Youth: | | | |
| Signature of Other: | | Date: | |
| Other (Please Print Name): | | | |
| Relationship to Youth: | | | |
| Signature of Other: | | Date: | |