

South Carolina Department of Social Services
**AFTERCARE AGREEMENT FOR VOLUNTARY PLACEMENT
FOR YOUNG ADULTS 18-21 YEARS OLD**

I. Eligibility

I, _____, Birth Date: _____, Age: _____, voluntarily request that the Department of Social Services (DSS) allow me to continue or enter aftercare placement. **I understand that this is solely physical placement, and that DSS does not have legal custody or responsibility for me.** I understand that I may continue to receive aftercare placement services from DSS past my 18th birthday up to my 21st birthday, as long as I comply with my responsibilities under this agreement and as long as at least one of the following conditions is met: [Please check and initial the eligibility situation(s) that are applicable at this time:]

A. I am completing high school or an equivalency program. The date I plan to complete this program is _____. Name of School and Program: _____

B. I am enrolling/enrolled in a post-secondary or vocational school. The date I plan to complete this program is _____. Name of School and Program: _____

C. I am participating in a program or activity designed to help me become employed, for example: One-Stop, volunteer program, job training, and job skills training.

The date I plan to complete this program is _____.

Name of Program or Activity: _____

D. I am employed for at least 80 hours per month or 20 hours per week.

Job Title and Employer Name: _____

E. I am not able to do any of the activities described above due to a medical condition, and my inability to attend school or work is supported by information in my case plan. I agree to regularly update information for my caseworker about my inability.

II. Responsibilities. I understand and agree that:

1. It is my responsibility to inform my DSS caseworker immediately if there is any change in eligibility or in the information provided; and
2. No placement services are available beyond age 21. This means that this agreement and any placement services I am receiving will automatically end on my 21st birthday. My 21st birthday is _____, and I must contact my caseworker by _____ (3 months prior to my 21st birthday) to plan to leave placement; and
3. Legally, I am an adult. All decisions are legally mine. DSS has no legal or financial responsibility for me. I am legally responsible for my acts. I can sign contracts or other legal documents and make financial decisions for myself. I am responsible for any criminal acts that I may commit; and
4. DSS will conduct a criminal history background check and child abuse/neglect central registry check on me to ensure that the appropriate placement is located for me, and I give my permission and consent for these background checks. I must immediately report any criminal arrest and/or conviction to my caseworker. Conviction of certain crimes will make me ineligible to receive placement services; and
5. I must cooperate with my caseworker in scheduling visits with me. It is part of my caseworker's job to have regular contact with me during this agreement and for six months after I leave physical placement, and I agree to regularly contact and provide updated contact information to my caseworker; and
6. I have the right to request a meeting with my caseworker and/or supervisor to review and discuss this agreement, my placement, and my plans to leave placement, as needed; and
7. I may end this agreement at any time, but I must notify my caseworker of that decision. If I choose to terminate this agreement, I will no longer be eligible to remain in the current aftercare placement; and
8. If at any time I am unwilling to comply with the eligibility requirements for this program, DSS will terminate this agreement; and
9. If I cannot meet the requirements for this agreement, I must contact my caseworker immediately for a meeting to revise my plan.

III. Health Care Power of Attorney

I have been given information about the importance of designating someone as health care power of attorney and I have chosen to designate the following person:

Name

Address

Telephone

I have chosen **NOT** to designate anyone at this time.

▼ Continue to Part IV only if the youth receives SSI, or other unearned benefits or income.

IV. Unearned Income

I understand and agree that any Supplemental Security Income (SSI) disability, retirement, or survivors benefits, and any other disability or veteran's benefits income or insurance (excluding child support payments) that I receive shall be used to reimburse DSS for the cost of my placement as long as I continue to receive such benefit(s) and remain in aftercare physical placement. _____
Initials

As appropriate to the particular benefit(s) which I am receiving, I agree to give to DSS or reimburse DSS for the monthly cost for my placement services. _____
Initials

If my monthly benefit(s) is greater than the monthly cost to DSS for my placement services, the remaining amount belongs to me. _____
Initials

If I receive SSI disability, retirement, or survivors benefits, and any other disability or veteran's benefits income or insurance (excluding child support payments) and refuse to give the benefit amount to DSS or reimburse DSS for the monthly costs for my placement services, then I understand that I will not be eligible for aftercare placement. _____
Initials

Specific applicable monthly benefit(s) I receive:

The specific plan agreed upon by DSS and me for my remittance or reimbursement is as follows:

Participant Signature

Date

Caseworker Signature

Date

County Director or Supervisor Signature

Date