



18+ UNACCOMPANIED REFUGEE MINOR (URM) CONTINUED FOSTER CARE AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF REFUGEE SERVICES
SFN 1082 (7-2024)

Prior to completion of this agreement, the URM Case Manager is responsible to verify eligibility for Office of Refugee Resettlement (ORR)-funded URM Services.

This voluntary agreement is between:

Name of URM Provider Agency (Agency)
Name of Child
Name of Foster Care Provider

18+ Child:

I agree to one or more of the following category requirements and agree to provide verification of the requirement(s) to my URM Case Manager: (Check all that apply.)

- Complete high school or enroll in an educational program leading to earning a General Equivalency Diploma (GED).
- Participate in college or vocational school as a part-time or full-time student. (Eligibility remains active during semester, summer, or other academic breaks. I understand I should be working or volunteering when on an extended break.)
A part-time student should also be working part-time or volunteering.
- Participate in a program or activity designed to promote or remove barriers to employment (e.g. Job Corps).
- Maintain employment for at least 80 hours per month at one or more places of employment.
- Work with my URM Case Manager to provide documentation that I am incapable of doing the previously described educational or employment activities due to a documented medical condition that has been approved by the Agency and verified by a licensed physician, physician's assistant, psychologist or vocational rehabilitation counselor.

I agree to:

Inform the Agency as soon as possible, but no later than my monthly contact with my URM Case Manager, about any changes in how I am meeting one or more of the category requirements.

Participate with my URM Case Manager in face-to-face monthly visits at an agreed upon place and time.

Discuss any problems with my placement (living arrangement) and work with the Agency in an effort to find solutions.

Attend my Child and Family Team Meetings (CFTM), and assist in the development of my case plan, which will include an independent living plan. I agree to work toward meeting the goals and time frames set in my case plan.

Follow the rules set by my foster care provider, supervised independent living setting, college dormitory or Job Corps program.

Inform my URM Case Manager of any changes in my address and contact information as soon as possible, preferably within 24 hours of relocating. I understand that if no contact is made within 2 weeks, I may be discharged from the 18+ URM Continued Foster Care Program.

I agree to give placement and care responsibility to Agassiz Valley Human Service Zone URM Program.

I understand that any of my behaviors which result in involvement with the legal system may result in immediate discharge from the 18+ URM Continued Foster Care Program.

Initials of Child

URM Provider Agency Shall:

Obtain and provide all required documentation needed for continued foster care payments and Medicaid for the child youth in a timely manner.

Provide supports and services as well as assist the child in developing and achieving goals for the transition to adulthood, as described in the child's case plan.

Assist the child in building life-long relationships with family, siblings, and other caring, safe and supportive individuals, if the child chooses to build or maintain these relationships.

Provide notification of CFTMs and provide a copy of the case plan to the child and the foster care provider. The Agency shall update the child's case plan at each CFTM.

Provide URM Program services and maintenance reimbursement for the child as long as eligibility condition(s) and associated verification(s) are maintained.

Provide written notice to the child if the child will be discharged from the 18+ URM Continued Foster Care Program.

Provide support to the foster care provider(s).

Foster Care Provider Shall:

Participate in the Child and Family Team Meetings (CFTM).

Provide supports and services as well as assist the child in developing and achieving goals for the transition to adulthood, as described in the child's case plan.

Inform the Agency if the child no longer meets the eligibility requirement(s) for the 18+ URM Continued Foster Care Program.

Participate in negotiations regarding monthly maintenance payment distribution.

This agreement can be terminated at any time if one of the above parties is not in agreement with or in compliance with the requirements.

Signatures:

I agree to the requirements contained in this 18+ URM Continued Foster Care Agreement.

Signature of 18+ Child
Signature of URM Provider Agency
Signature of Foster Care Provider
Effective Date of Agreement

Effective Dates:

- Continued Care date: the day before the child's 18th birthday
- Returned to care date: the day the child returned to care

Copies To:

- Child
- Foster Care Provider
- URM Provider Agency
- HHS URM Administrator (include in Tier 1 billing kit for month of 18+ continuation or re-entry)