

**NEVADA VOLUNTARY SUPPORTS AND SERVICES AGREEMENT:
VOLUNTARY RE-ENTRY FOR YOUNG ADULTS 18-21**

Instructions: The agency assigned worker reviews each section of this form with the young adult (applicant) and explains each area in a developmentally appropriate manner to ensure understanding. The young adult's attorney is encouraged to participate in this process. If translation services are needed to ensure understanding, the agency will provide the document translated in the requested language or provide verbal interpretation. Signatures are an acknowledgement that all parties understand and will abide by the VSSA until such time as it is terminated.

Applicant Name: _____

DOB: _____

EYASSP Entry Date: _____

This Voluntary Supports and Services Agreement (VSSA) is between, _____

[applicant's full name] and CCFS/DCFS/WCHSA (hereafter called "the agency") and is an agreement to provide on-going support and services to help me achieve greater independence.

During this contract, I **voluntarily** request that the agency review and approve my placement and care in order to access services through the Program.

If I am in an approved foster care, I understand my caregiver will continue receiving the payment.

Extended Young Adult Supports and Services Program (EYASSP) Requirements and Expectations

I agree to:

1. Develop a Young Adult Self Sufficiency (YASS) Case Plan with my agency assigned worker and team pursuant to NRS 432B.595, within 60 days from Program entry.
 - a. Make an ongoing good faith effort to achieve the goals set forth in my YASS Plan.
 - b. Participate in updating my YASS Plan at least once every six (6) months.
2. Maintain eligibility for the EYASSP by continuously meeting **at least one** of the following criteria (**check at least one**):
 - a. ☐ Being enrolled in high school or a program leading to the achievement of a GED/HiSet certificate
 - b. ☐ Being enrolled in a postsecondary or vocational program

- c. ☐ Participating in a program or activity designed to promote or eliminate barriers to employment (Vocational Rehab, Job Connect, established employment program, etc.)
 - d. ☐ Being employed for at least 80 hrs. per month
 - e. ☐ The inability to satisfy any of the requirements above, due to a documented medical, or mental health condition
- 3. Inform my agency assigned worker immediately if my plan to maintain eligibility has changed, and how I plan to meet one of the five required eligibility criteria listed in #2.
- 4. Provide on a monthly basis, proof of meeting one of the qualifying criteria detailed in #2 for verification of my continued eligibility for EYASSP. This may include but is not limited to:
 - a. Financial (paystubs), and vocational/educational information (transcripts, attendance, report cards)
 - b. Verification of new employment
 - c. Training certificates
 - d. Documentation of medical or mental health condition indicating inability to satisfy participation criteria a-d in #2
- 5. Reside in a setting supervised by my agency assigned worker, which may include a licensed foster home, the approved home of a relative, a Qualified Residential Treatment Facility, a Supervised Independent Living Setting (SILS), or another approved placement.
 - a. Tell my agency assigned worker about any problems with my living arrangement and work with my agency assigned worker to find solutions.
 - b. Tell my agency assigned worker when I want to move out of my current living arrangement.
 - c. Provide my agency assigned worker with my new address within 10 days of moving as a new SILS approval will be required.
- 6. Meet face-to-face with an agency assigned worker at least once each month to report on my progress and any problems I am having in meeting the goals of my YASS Plan. At least 50% of the visits must be at my place of residence each year.
 - a. Make sure my agency assigned worker has a way of contacting me and notify them within one week if my phone number, mailing address, or other contact information changes.

I understand:

- 1. The EYASSP is voluntary, and my participation will end when I turn 21 unless I choose to terminate this agreement and exit the Program, or I am removed due to non-compliance.
- 2. If I choose to terminate this agreement, I will notify my agency assigned worker in writing by completing the **FPO 0806C Nevada Opt Out** Form.

3. If I am not compliant for at least 60 days, the agency may initiate termination of this agreement. Pursuant to NRS 432B.594, the agency, in writing, will provide me and my attorney with a 15-Day notice which includes:
 - a. Reason for program termination
 - b. How to request an Informal Administrative Review if I disagree with the termination
 - c. Procedures for EYASSP re-entry prior to 21 (eligibility requirements must be met)
4. If I am not able to resolve any dispute with the agency related to eligibility or program participation, I may request a court hearing to address the issue.
5. I am entitled to representation by an attorney.
6. I have the right to receive notice of and attend all court hearings and if applicable, administrative reviews.
7. I am entitled to services and supports while participating in the Program. These services and supports will be outlined in my YASS Plan. I will participate in the identified services, will be present at visits with my agency assigned worker, and I will keep the agency informed of my needs.
8. Federal regulation describes a broad range of approved living settings. Supervised Independent Living Settings (SILS) are not licensed but instead are approved by the agency which provides child welfare services. A SILS placement may include but is not limited to:
 - a. Own apartments, dorm rooms and rented rooms/space
 - b. Living in the home of a parent, legal guardian, or former foster parent.
 - c. A young adult may remain with a foster parent, relative, or in any other traditional (i.e., non SILS) placement in the same way that a child under 18 may be placed as long as the young adult remaining there is mutually agreed upon by the placement and the young adult.
9. My signed consent is required for my credit report to be monitored every year that I participate in EYASSP. I understand that the agency will monitor my credit report every year and I will help them look for errors or signs of activity that I have not approved. If issues with my credit report are identified, the agency will work with me to report and resolve the issue.
 - a. ____ (initials) I DO give the agency consent to run my credit report each year I am participating in EYASSP.
 - b. ____ (initials) I DO NOT give the agency consent to run my credit report while I am participating in EYASSP.

10. If the Indian Child Welfare Act (ICWA) applied when I was under the jurisdiction of the court as a child, I have the right to decide if I would like tribal engagement or participation while I am on EYASSP.

- a. ____ (initials) **I DO** want ICWA to apply while I am participating in EYASSP.
- b. ____ (initials) **I DO NOT** want ICWA to apply while I am participating in EYASSP.
- c. ____ (initials) **Not Applicable** (ICWA) did not apply when I was a child under the jurisdiction of the court).

11. Any and all court hearing notices will be sent to me using the email I provide in this agreement.

The agency agrees to within the legal and fiscal abilities of the agency:

- 1. File the VSSA with the court, requesting approval of both this agreement and the applicant's YASS Plan.
- 2. Notify the applicant and their attorney of any court hearings and/or administrative reviews regarding this agreement so the applicant can attend.
- 3. Support the applicant in securing a safe and stable placement or living arrangement and continue services to help the applicant transition successfully to adulthood if the Program requirements are met.
- 4. If needed, help the applicant in obtaining medical or educational records from the appropriate authority to support their qualifying activity for enrollment in the Program.
- 5. Partner with the applicant to develop a YASS Plan that is designed to support them in all areas of their life. This includes reviewing the applicant's plan with them regularly and assisting them in removing barriers that may be preventing the applicant from achieving their goals and providing them with a copy of their most recent plan.
- 6. Assist the applicant with accessing medical and behavioral health coverage as well as accessing medical, dental, vision, and mental health care as needed.
- 7. Provide EYASSP maintenance payments, case management, face-to-face visits at least monthly, and other services as outlined in the applicant's YASS Plan. Maintenance payments are monthly financial assistance to help the applicant pay for housing, food, clothing, and other expenses. The agency will assist the applicant in coordinating services with other administrations or agencies that offer benefits the applicant may be eligible for.
- 8. If ICWA applies, continue ICWA requirements, active efforts and tribal engagement with the young adult. If the young adult opts out of ICWA, most ICWA requirements and active efforts still continue.

The undersigned has read this agreement and agrees to foster care placement and supervision by _____

Applicant Name (Print)	Applicant Signature	Date
Applicant Email		
Agency Worker Name (Print)	Agency Worker Signature	Date
Agency Supervisor Name (Print)	Agency Supervisor Signature	Date
Attorney Name (Optional)	Attorney Signature	Date