

**EXTENDED YOUNG ADULT SUPPORT SERVICES PROGRAM (EYASSP):  
OPT OUT/VOLUNTARY EXIT FORM**

\_\_\_\_\_ (initials) **OPTION A: OPT OUT PRIOR TO OR AT 18 YEARS OF AGE.**

I \_\_\_\_\_ [*young adult*] have been presented with the option of signing a Voluntary Supports and Services Agreement (VSSA) with DCFS/CCFS/WCHSA to have the court maintain jurisdiction over me when I reach the age of 18. By signing the VSSA, I would enroll in the Extended Young Adult Support Services Program (EYASSP), Nevada's extended foster care program, but I **DECLINE** to do so.

I am aware that I will maintain my FAFFY eligibility and have the right to seek support and services from FAFFY despite my choice not to remain in care after turning 18. I have met with my appointed attorney and am fully aware of the benefits available to me by signing the VSSA and entering EYASSP but choose to exercise my right not to do so at this time. I am aware that if after signing this form if I change my mind, I can contact DCFS/CCFS/WCHSA at any point prior to reaching the age of 21 to sign the VSSA and re-enter care via the EYASSP.

\_\_\_\_\_ (initials) **OPTION B: VOLUNTARY EXIT AT 18-21.**

Effective the date signed below, I \_\_\_\_\_ [*young adult*] would like to voluntarily exit the:

\_\_\_\_\_ (initials) Voluntary Court Jurisdiction Program

\_\_\_\_\_ (initials) Extended Young Adult Support Services Program (EYASSP)

I am aware that I will maintain my FAFFY eligibility and have the right to seek support and services from FAFFY despite my choice not to remain in care after turning 18. I have met with my appointed attorney and am fully aware of the benefits available to me by signing the VSSA and entering EYASSP but choose to exercise my right not to do so at this time. I am aware that if after signing this form if I change my mind, I can contact DCFS/CCFS/WCHSA at any point prior to reaching the age of 21 to sign the VSSA and re-enter care via the EYASSP.

_____ Young Adult Name (Print)	_____ Young Adult Signature	_____ Date
_____ Agency Worker Name (Print)	_____ Agency Worker Signature	_____ Date
_____ Agency Supervisor Name (Print)	_____ Agency Supervisor Signature	_____ Date
_____ Attorney Name (Print)	_____ Attorney Signature	_____ Date