

VOLUNTARY SERVICES AGREEMENT
Between the Young Adult (18 to 21) and the State of New Jersey
Department of Children and Families

I, _____, agree to receive services for myself, from the
(Name of Young Adult)

State of New Jersey Department of Children and Families' (DCF), Child Protection and Permanency (CP&P), to assist me in my transition to adulthood. It has been explained to me that these services are voluntary and I can request that my case be closed at any time. Additionally, if I am not participating in the planning and goals outlined in my Transitional Plan for YOUTH Success, I am aware that CP&P may close my case.

MY RESPONSIBILITIES:

1. I agree to meet with my Worker in person at least _____ at _____.
(Frequency) (Location)
2. I agree to take part in the development and updating of my Transitional Plan for YOUTH Success (CP&P [Form 5-43](#)) with my Worker every 6 months.
3. I agree to work with any outside supports and/or providers if applicable.
4. I agree to complete the Casey Life Skills Assessment annually and, with my Worker, to use it in developing my Transitional Plan for YOUTH Success.
5. I agree to participate in a **minimum of 20 hours of productive time per week** in any combination of the following and provide mutually agreed upon verification, such as enrollment forms, transcripts, paystubs, etc.:
 - Be employed;
 - Be enrolled in and attend high school, or a High School Equivalency (HSE), college/university or a Career and Technical Education (CTE) program; or
 - Participate in a program or activity designed to promote or remove barriers to employment, including volunteer work, internships, employment readiness program.

If I am currently not involved in any of the activities stated above, space and time will be provided in order for me to show I am consistently:

- Working towards entering high school or a High School Equivalency (HSE) Program, a college/university or a Career and Technical Education (CTE) program, or
- Working towards securing employment.

If I am not able to do any of these activities due to a medical condition, disability, or involvement in a treatment program, I agree to provide updated documentation regarding such to my Worker.

6. I acknowledge that my case will be considered for closure under **one** of the following circumstances:

- I request that my case be closed;
- I am not fulfilling the expectations laid out in this agreement or the goals outlined in my Transitional Plan for YOUTH Success;
- I turn 21 years of age (effective on the day of my 21st birthday);
- I am not able to receive services due to being committed or detained in secure care in juvenile detention or an adult corrections facility; or
- There is a change in circumstances, which does not allow for the provision of services, which may include permanent relocation out of the State of New Jersey.

Note: If I am not fulfilling the expectations laid out in the VSA, or goals outlined in my transitional plan for YOUTH Success, my Worker will hold a case conference. The conference will include key stakeholders who work with me, or who will be able to provide guidance/suggestions for next steps. This conference will be held before my Worker takes steps to close my case.

7. I agree to maintain contact and inform my Worker of any of the following changes:

- Legal name;
- Marital/civil union status;
- Current address and living arrangement;
- Home telephone/cell phone number/email address;
- Source of income and/or place and hours of work; or
- Education or school plans, such as changing or leaving schools.

WORKER RESPONSIBILITIES:

1. To meet with me as specified in number 1 (above) under “MY RESPONSIBILITIES.”
2. To inform me of my rights as outlined in the Children and Youth Bill of Rights, [Form 5-44](#).

3. To maintain consistent contact with me as needed.
4. To assist me with identifying my goals and any necessary supports and services that will help me to achieve well-being, permanency, housing stability, and employment/educational success.
5. To provide me with financial assistance, if I am eligible.
6. To assist me in finding a safe and appropriate residence or resource family home.
7. To assist me with staying in contact with family when there are no safety or legal barriers.
8. To assist me with identifying, maintaining, and strengthening relationships with people who are positive, supportive, and caring connections.
9. To notify me if there are any changes to the Worker assigned to work with me and to inform me of a new Worker's contact information including the name of their Supervisor.
10. To assist me in developing a list of resources and obtain appropriate services.
11. Within 90 days of closing my case, will meet with me to develop a final plan to make sure that I have the most appropriate supports, services, and resources to help me successfully transition into adulthood.

To understand how you may raise concerns about your care and treatment you can talk directly with your assigned CP&P Worker or his or her direct Supervisor in the Local CP&P Office. You can also share your concerns by contacting the Office of Advocacy (Telephone: 1-877-543-7864 – Email: askdcf@dcf.state.nj.us).

Signatures

I understand that this agreement is effective _____ and is valid for one year or until case closure. (Date)

Young Adult

Date

Worker

Date

Local Office name

Local Office Street Address

City, NJ, Zip

Local Office Telephone Number

For Office Use Only

Supervisor's Signature _____ **Date signed** _____