

**State of New Jersey
Department of Children and Families
Child Protection and Permanency
Independent Living Stipend Responsibility Agreement**

The purpose of this Agreement is to communicate the responsibilities and expectations when I, _____, receive the Independent Living Stipend. This initial responsibility agreement will remain in effect for 6 months from the initial signature date and will need to be updated every 6 months and/or immediately after any changes in my circumstances while I am receiving the Stipend. I understand that the Independent Living Stipend Budget Worksheet, CP&P Form 10-11, Transitional Plan for YOUth Success CP&P Form 5-43, and Voluntary Services Agreement (VSA), CP&P Form 10-10 at 18 years of age or older are additional forms that are required to be completed in conjunction with, or prior to, signing this agreement.

Adolescent/Young Adult’s Responsibilities and Expectations

Please initial at the end of each statement indicating that you have read, understand, and will follow each responsibility and expectation.

Responsibilities and Expectations	Adolescent /Young Adult’s Initials
1. I will see my Worker in person at least _____ at _____. (frequency) (location)	
2. I agree to go over my income and expenses with my Worker each month or as requested to monitor my budget, including providing mutually agreed upon verification such as pay stubs or bills. I understand that my budget needs to be accurate to the best of my ability.	
3. I agree to follow the expectations of the Voluntary Services Agreement and the Transitional Plan for YOUth Success if applicable and am working towards my stated goals.	
4. I agree to be responsible for all bills or needs related to the stipends I receive, including paying my rent, utilities, and food expenses.	
5. I understand when I have a change in income/monthly expenses I must notify my Worker in a timely manner and create a revised budget.	
6. I understand that I am only eligible to receive the Independent Living Stipend if my income is less than 150% of the Federal Poverty Income Guidelines for a family of one. https://aspe.hhs.gov/	
7. I understand that I am expected to represent my income or expenses accurately on my budget form and that failure to do so may result in repayment to CP&P.	
8. I understand that the Independent Living Stipend is to be used for its stated purpose as outlined in the budget and cannot be used for any unlawful or illegal purpose or activity.	
9. I understand that Independent Living Stipends are provided when expectations and	

requirements are being fulfilled as outlined in the VSA, if applicable, and this agreement.	
10. The Independent Living Stipend is subject to funding availability and is not an entitlement.	

By signing below, I, _____, acknowledge that I have read, understand and agree to the expectations and requirements of this Independent Living Stipend Responsibility Agreement.

Adolescent/Young Adult's Signature

Date

Worker's Signature

Date

For Office Use Only

Supervisor's Signature _____

Date signed _____