TRANSITIONAL LIVING SUPPORT AGREEMENT

(R.4/2021)

I, , have requested that my commitment with the Cabinet for Health and Family Services (CHFS/Cabinet) be extended for the following purpose:

1. Education (full-time)
2. Education (part-time) and working (part-time)
3. Working (full-time, at least 30 hours per week)
4. Developing independent living skills (must have a diagnosed medical condition or diagnosed disability that prevents youth from meeting education or work requirements)

I understand (customize individual expectations as appropriate):

I understand that my purpose for remaining on extended commitment may change during my commitment (for example, I may elect to work instead of participating in a post-secondary education program, etc.). However, I must discuss these changes with my social worker.

The Cabinet has explained to me that being on extended commitment is a joint decision by the Cabinet, the court, and me. I must follow the case plan that I helped develop with the Cabinet. Beyond the specific goals of my case plan, I also understand that I will not have any criminal charges. Criminal charges could lead to the Cabinet and the court rescinding my extended commitment. I also understand that I must not misuse any drugs or use alcohol.

The Cabinet has explained to me that I must be a productive member of the community. I must work on expanding my independent living skills, education, and/or working to assist in my ability to transition to self-sufficiency. I also understand that I must live in an approved placement through the Cabinet. Therefore, should my behavior result in a placement disruption, the Cabinet may request that my commitment be rescinded.

My specific plans during extended commitment are as follows:

Signatures:

Youth: Social Worker: GAL:

Judge: