

January 10, 2013

THP-Plus/THP+FC Monthly Call

HANDOUT: Excerpt from Bill Wilson Center's THP+FC Plan of Operation "Contract Between Participant and Provider"



THP Plus Foster Care Program **Participant Contract**

NMD Client: Parenting Single

Model: Single Site based Scattered Site

Housing: Participants in the THP+ FC program are eligible to live in single or scattered site housing throughout Santa Clara County

THP+FC Program Expectations for NMDs:

- Find and secure housing with Case Manager's assistance and approval.
- Participate in weekly case management meetings, including 1 mandatory home visit per month. Additional meetings will be determined by Case Managers in weekly case management meetings.
- Develop and follow Needs and Services Plan(s) created during case management meetings.
- Meet criteria for participation in Extended Foster Care.
- Abide by all landlord/tenant rules as outlined in rental/lease agreement and/or Shared Living Agreement (SLA).
- Be encouraged to deposit a monthly amount into their personal self-managed savings account in the community and be required to deposit 30% of their monthly income to their agency's emancipation bank account. (see monthly income worksheet)
- Maintain housing in a clean and sanitary manner.
- Attend the once a month THP+ FC Support Group the _____ Tuesday of every month.
- Parenting clients will be expected to attend parenting groups the last Tuesday of every month.
- Consistent supervision of NMD's children by NMD parent(s)
- Participants will be required to save and turn in all receipts obtained from grocery gift cards and quarterly clothing allowances.

Benefits of the THP+FC program: The following will be provided to participants-

- Assistance in developing skills necessary for self-sufficiency, included but not limited to:
 - Obtaining medical, dental, vision, and mental health care
 - Nutrition and healthy food choices, grocery shopping, food and meal preparation
 - Educational and career development
 - Identifying a suitable homes and home maintenance
 - Financial literacy including budgeting and money management
 - Finding appropriate child care
 - Access to community resources
 - Developing and reaching goals
 - Self-care: drug and alcohol abuse awareness and prevention; safe sex and reproductive health information
 - Automotive maintenance
- BWC will pay up to \$_____ of youth's rent for the duration of the THP+FC program.
- Grocery gift cards to a community grocery store for an amount in accordance with the family size. Access to meal preparation areas, appliances and utensils
- Monthly gas cards in the amount of \$_____ or monthly public transportation passes
- Utility payments for 12 months (not to exceed \$_____)
- Other resources as needed.

THP+FC Program Savings

- Participants will be strongly encouraged to deposit a monthly amount into their personal self-managed savings account in the community and be required to deposit 30% of their monthly income to their agency’s emancipation bank account, which will be available upon voluntary opt-out of Extended Foster Care or emancipation from the program.

Violations, Consequences and Termination from the THP+FC Program:

I understand that I must abide by the following requirements of the program, or risk violations, consequences and/or termination from program:

- Abiding by all sections of the rental/lease agreement and/or Shared Living Agreement (SLA).
- Maintaining continuous compliance with Extended Foster Care requirements
- Maintaining regular contact with Case Manager: meeting minimum requirement of once a week with Case Manager including a once a month home visit.
- Other guidelines per Case Management Agreement.
- Refrain from harboring runaways and/or allowing unauthorized individuals to reside in housing location

_____ *Any illegal activity will be cause for immediate termination.

_____ *Any non-compliance with program expectations will be subject to a violation.

_____ *More than two (2) violations in any 30-day period will result in review of placement with THP+FC Case Manager

*Items to be initialed by NMD and placement representative.

Start date of THP + Foster Care: _____

End Date: _____

I agree to follow the above guidelines in order to remain in BWC THP+ FC placement. I understand that if I do NOT follow through on the above requirements that my participation in the program may be discontinued and the rental subsidy ended. I also understand that I am eligible for the program for until the day before my **21st Birthday**.

NMD Participant (print)

Signature

Date

THP+FC Case Manager (print)

Signature

Date

THP+FC Program Manager (print)

Signature

Date

Director, Placement Agency (print)

Signature

Date