

TRANSITIONAL LIVING SUPPORT AGREEMENT

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

- a. Education full-time
- b. Education (part-time) and working (part-time)
- c. Working full-time (at least thirty (30) hours per week)
- d. Developing independent living skills (must have diagnosed medical condition that prevents youth from meeting education or work requirement)

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 participating in a post-secondary education program, etc.). However, I must discuss these changes with my social worker.

The Cabinet for Health and Family Services 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 am not to have any criminal charges due to breaking the law or that could potentially be a reason to have my extended commitment rescinded. I also understand that I must not use any drugs or alcohol or this could potentially be a reason to have my extended commitment rescinded.

The Cabinet for Health and Family Services has explained to me that I must be a productive member of the community and I must be furthering my independent living skills, education, and/or working in order to assist me in being able to transition to self-sufficiency. I also understand that I must live in an approved placement through the Cabinet for Health and Family Services. Therefore, should my behavior result in placement disruptions, the Cabinet for Health and Family Services may request that my commitment be ended.

My specific plans during my extended commitment are as follows:

Signatures:

Youth: _____

Social worker: _____

GAL: _____

Judge: _____