



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES**

Extended Commitment Probation Contract

This contract is being completed due to you not meeting the expectations of your extended commitment agreement. As part of remaining in the Cabinet’s care after turning age eighteen (18), you signed an agreement that outlined the basic requirements that must be met to remain in the state’s care. This included attending school, working, not using drugs or alcohol, not having any legal issues, following the rules at your placement, etc. You have failed to meet these expectations and are at risk of being released from the custody of the state.

I _____ understand that I must meet the following expectations or my extended commitment with the Cabinet for Health and Family Services will be rescinded:

Deadline for compliance: _____

Signatures:

Youth: _____

Date: _____

Social worker: _____

Date: _____

Foster parent/PCC: _____

Date: _____

Other: _____

Date: _____

Other: _____

Date: _____

