

# MUTUAL AGREEMENT FOR 18 YEAR OLDS

CASE NAME
BIRTH DATE
CASE NUMBER

I request that the \_\_\_\_\_ County Welfare Department place me \_\_\_\_\_  
(NAME)  
 in a licensed/certified foster home or childrens' institution. My reason for the request is \_\_\_\_\_  
 \_\_\_\_\_

I expect to remain in Foster Care until completion of my education/training by age 19.


Agency Service is to include:

1. Arrangement for my care in a licensed certified Foster Care Facility.
2. Selection of a home with my participation.
3. Supervision of me while in Foster Care.
4. Provision of social services for me.
5. Arrangements for my medical care.
6. Assistance in planning for my leaving foster care.
7. Provision of a grievance procedure.

Recognizing my responsibility for participating in the Foster Care plan, I agree to:

1. Assist the welfare department in determining my financial need and eligibility while in foster care.
2. Keep the agency informed of my progress with my education/training program.
3. Discuss with the agency placement problems.
4. Give reasonable notice to the placement worker if I plan to move, but I retain the right to withdraw my consent to placement at any time.

The undersigned agrees to foster care placement and supervision by the \_\_\_\_\_ County Welfare Department.

SIGNATURE OF FOSTER CARE CHILD 	CHILD PLACEMENT WORKER
ADDRESS	ADDRESS
HOME PHONE	OFFICE PHONE
ALTERNATE	DATE

**Required Form  
 No Substitute Permitted**