Connecticut Department of Children and Families COMMUNITY HOUSING ASSISTANCE PROGRAM (CHAP) CONTRACT DCF-2251



DCF-2251 12/19 (Rev.)

(Enter nam	e of the Participant	:):						
This is a binding contract between								
This is a binding contract between	(Enter name of Adolescent Specialist):							
and the Department of Children and Families (DCF) currently re	enresented by						
·	,			to down along all position				
This contract is binding during the dates listed bel during Participant's stay in the Community Housin any benefits afforded through CHAP.								
(En	ter BEGINNING Da	ate):	(Enter	r ENDING Date):				
This contract is binding beginning		Through	1					
This contract is subject to change if:		Tillougi	!					
 a. any part of it becomes contradictory to future policies or procedures adopted by the Community Housing Assistance Program (CHAP); b. any part of it becomes contradictory to future rules, policies or procedures enacted by governing bodies; or c. said change is negotiated and signed by Participant and Adolescent Specialist and, if appropriate, the CHAP Community Case Manager. PARTICIPANTS RESPONSIBILITIES								
A. Participant will reside at the following add		Cit	Ctoto	7:				
Address (No. and Street)	Apt. #:	City:	State:	Zip:				
* If this address changes, or if anyone other th				ome, Participant agrees to				
notify his or her Adolescent Specialist (and Ca								
B. Participant will attend a full time educational of	or vocational prog	ram regularly and continuo	Attendance Dates:					
Educational/Vocational Program:			Attendance Dates:					
of the following activities: counseling, volunteer and civic activities and parenting classes or groups. Additional activities must be approved by the Adolescent Specialist. Participant will participate in the following activities for 40 hours per week: (please break out each activity and number of hours per activity to equal 40 hours). Ten of the 40 hours must be dedicated to a part-time job, internship, training or apprenticeship OR an approved volunteer opportunity.								
D. Participant will apply for financial aid in a time	ely fashion (with a	assistance from Adolescent	Specialist)					
E. Participant will remain in good academic star				ram).				
F. Participant will submit each semester's grade			pecialist within 72 hours of	f receipt.				
G. Participant has completed or is enrolled in the	e following life ski	ills program:						
H. Participant will deposit 50% of earned income	e into an interest-	bearing savings account.						
Savings amount:		Aso	of					
I. Participant will meet with Adolescent Speciali			dence (unless Participant	attends school out of state).				
J. Participant agrees to be actively involved in the	he following addit	tional activities:						
A								
В.								
C. K. Participant will inform the Adolescent Specialis or losing a job, leaving an educational or train			rticipant's situation includi	ng but not limited to: quitting				
Participant will agree to actively prepare for h								

			ALIST'S RESPONSIBILITIES				
A.	Adolescent Specialist may provide Participant w	ith start-up living cos	ts:				
	for housewares (n	naximum \$150)					
	for food (maximun	n \$100)					
	for furniture (\$150	0 maximum)					
B.	Adolescent Specialist will initiate the subsidy pay	yment each month.					
	The current subsidy amount is:		per month for the first	months			
C.	Adolescent Specialist may provide a one-time ap	partment deposit (firs	st and last month's rent) of				
D.	Adolescent Specialist will provide a medical card	I to Participant for the	e duration of Participant's involvement in CHAP.				
E.	Adolescent Specialist will meet with Participant t	wice a month. One r	meeting will take place in Participant's place of reside	ence.			
F.	Adolescent Specialist will collaborate with Participant on housing, education, employment, identifying permanent family and adult life-long connections.						
G.	Adolescent Specialist and Participant will review	the latter's budget e	xpenditures monthly.				
Н.	Adolescent Specialist will monitor Participant's s	chool attendance					
I.	Adolescent Specialist will monitor Participant's s	avings account.					
J.	Adolescent Specialist and Participant will review plan and progress towards transitioning from car			ument Participant's			
			PROVISIONS				
A.	Adolescent Specialist and Participant will review	this contract every t	hree months (unless a more frequent review is requir	red or requested).			
В.	If Participant has a Case Manager, the Case Ma	nager's duties shall t	pe outlined in Attachment A to this contract.	,			
C.	This contract will be signed every six (6) months	•					
			INFORMATION				
This agreement will be reviewed on: with Participant, Case Manager, and Adolescent Specialist present. Participant will remain eligible for CHAP until Participant's 23rd birthday, or at the end of the school year when Participant turns 23 years as long as Participant continues to meet DCF Policy criteria and remains in good academic standing.							
Projected Discharge Date from CHAP:							
Part	icipant Signature:	Date:	Case Manager Signature:	Date:			
Adol	escent Specialist Signature:	Date:	Adolescent Social Worker Supervisor Signature:	Date:			
Adol	escent Program Supervisor Signature:	Date:	Attachment A (Case Manager's Responsibilities) con	tinued on next page			

ATTACHMENT A Case Manager's Responsibilities:								
A. The Participant will meet with the Case Manager weekly during this contract period, to review and improve skills in the following areas of concern:								
•			-					
B. The Case Manager shall submit a monthly Case Manager's Progress Report to the Adolescent Specialist, the Central Office Adolescent Services representative and the Central Office Credentialing Unit.								
Participant Signature:	Date:	Case Manager Signature:		Date:				
		- J J - 						
Adolescent Specialist Signature:	Date:							
Adolosooni opoolalist olgitature.	Date.							