



## AGREEMENT WITH YOUNG ADULT

### APPLICATION FORM

The personal information requested on this form is collected under the authority of, and will be used for the purpose of administering, the *Child, Family and Community Service Act* (CFCSA). Under certain circumstances, the collected information may be subject to disclosure as per the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, you should discuss them with the social worker involved with this agreement.

This form is to be completed by Young Adults who until their 19<sup>th</sup> Birthday were in the continuing custody of a director or the permanent custody of the Superintendent of Child and Family Services, or the guardianship of the director of adoption or a director under Section 19(3) of the *Family Relations Act* or in a Youth Agreement and are seeking support to take part in an educational, vocational training, life skills program or rehabilitative program prior to their 27<sup>th</sup> birthday.

#### SECTION 1 YOUNG ADULT INFORMATION (please print)

YOUNG ADULT'S NAME (Last, First and Middle)	<input type="checkbox"/> SINGLE <input type="checkbox"/> _____ DEPENDENTS <input type="checkbox"/> LIVING WITH _____	DATE OF BIRTH (YYYY-MM-DD)
HOME ADDRESS	CITY	POSTAL CODE
COMMUNITY OF RESIDENCE ON YOUNG ADULT'S 19 <sup>TH</sup> BIRTHDAY	TELEPHONE NUMBER	EMAIL
NAME OF SOCIAL WORKER ON YOUNG ADULT'S 19 <sup>TH</sup> BIRTHDAY	BEST WAY TO CONTACT YOU? (phone, email, friend, outreach worker)	
Do you identify yourself as an Indigenous person? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you identify yourself as an Indigenous person, are you: <input type="checkbox"/> FIRST NATIONS <input type="checkbox"/> METIS <input type="checkbox"/> INUIT	If you identify yourself as an Aboriginal/Indigenous person, are you living on reserve? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, which Reserve: _____	
If you identify yourself as a First Nations person, are you registered under the Indian Act of Canada (ie. Status Indian)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registration/Band Number (if known): _____	

#### SECTION 3 STATUS AT AGE 19

Age	During the AYA support period identified by the Young Adult, he/she will be 19 years of age or over, but under 27 years of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Status	On the Young Adult's 19 <sup>th</sup> birthday, one of the following applies:  a) Received support services or financial assistance, or both, under section 12.2 Youth Agreement; b) Was in the continuing custody of the director or the permanent custody of the Superintendent of Family and Child Service or; c) Was in the guardianship of the director of adoption or of a director under Section 29 (3) of the <i>Family Relations Act</i> .	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 4 PROGRAM NEEDS**

What educational, vocational training, life skills program, or rehabilitative program do you want supported through an Agreement with Young Adults?

NAME PROGRAM	PROGRAM LOCATION	START DATE (YYYY-MMM-DD)	LENGTH OF TIME SUPPORT IS REQUIRED
TYPE OF PROGRAM <input type="checkbox"/> Educational <input type="checkbox"/> Vocational (Professional/Employment Training) <input type="checkbox"/> Life Skills <input type="checkbox"/> Rehabilitative Program <input type="checkbox"/> Alternative Program		ADDITIONAL INFORMATION # of hours/week: _____ Start Date: _____ End Date: _____ DESCRIPTION: _____ _____ _____	

**SECTION 5 SUPPORT NEEDS**

What support and assistance do you need to help you achieve your educational, vocational training, life skills program or rehabilitative program plans?

<input type="checkbox"/> <b>Basic Living Costs</b> (e.g. food, shelter, utilities)	<input type="checkbox"/> <b>Costs and services for dependent children</b> (e.g. babysitting, child care)
<input type="checkbox"/> <b>Program costs</b> (e.g. tuition, fees, supplies)	
<b>Other, specify</b> _____ _____	

**SECTION 6 CONSENT AND CONSENT VALIDATION PERIOD (required)**

- As part of the Agreement with Young Adults application process, I authorize a prior contact check to be conducted on me to determine program eligibility only.
- As part of the Agreement with Young Adults application process, I consent to the Collection of Information on me to determine program eligibility only.

This consent will expire:  **One year** from date of signature

On this specific date: \_\_\_\_\_  
(YYYY/MM/DD)

When this event or condition is complete: \_\_\_\_\_

**Application Signature**

YOUNG ADULT'S NAME	YOUNG ADULT'S SIGNATURE	DATE SIGNED (YYYY-MMM-DD)
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