

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

## Child and Family Services Agency



### INDEPENDENT LIVING STANDARDS OF EXCELLENCE

I, \_\_\_\_\_, agree to fulfill the requirements as listed below for the duration of my time in the Independent Living Program (ILP). As a participant in the program, I agree that I've met and will continue to meet the eligibility criteria below:

1. Be at least 20 years of age.
2. Have graduated from high school, received a GED, or obtained vocational certification.
3. Have no pending or unresolved criminal matters at the time of admittance and will not engage in any criminal activities leading to criminal charges while in the ILP.
4. I understand that I will be entering into a roommate living situation and will do my part to maintain the apartment, including common areas, in a clean, sanitary, and safe condition and refrain from causing damage or disrepair to the apartment. If any damage/repair is needed outside of normal wear and tear, I will be responsible for any costs associated with repairs.
5. I will continue to be actively engaged by being employed at least 20 hours weekly, or by attending as a full-time student a vocational program or college. I understand that if this status changes, I have 60 days to meet this criteria or will be at risk of having to leave the ILP. I agree to notify my case manager immediately of any changes in my circumstances and to work through developing a new plan for my life.
6. Have a checking account with a minimum balance of \$100 and an active Making Money Grow matched savings account that I deposit into monthly.
7. Actively participate in all Youth Transition Planning meetings scheduled by the social work team.
8. Refrain from having overnight guests and adhere to the ILP visitation standards.
9. Refrain from smoking of any type in the apartment. Refrain from consumption, possession, or sale of drugs and/or alcohol in the apartment. I acknowledge that CFSa has a zero tolerance policy regarding the use, possession, or sale of drugs/alcohol in the program and this will lead to my dismissal from the ILP.
10. Refrain from possession or sale of weapons on the property.

By signing below, I agree to do my part to meet these requirements to live in this program. Failure to meet the requirements will result in a team meeting to determine my standing in the ILP and may lead to dismissal.

Signature of Youth \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Social Worker \_\_\_\_\_ Date: \_\_\_\_\_

Signature ILP Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

