IOWA HHS

Iowa Department of Health and Human Services

Application for Extended Foster Care Services/Referral

Name	Date of Birth
Best way to contact:	

This form is completed by the applicant (or legal representative) who desires to enter foster care or supervised apartment living at age 18, 19, or 20. Completing the form and submitting to the Iowa Department of Health and Human Services (HHS) will initiate a review of eligibility and availability of programs, including supervised apartment living or family foster care.

All applications will be reviewed, and a written decision will be provided to the applicant.

To be considered for extended foster care, the applicant must meet all of the following:

- Upon reaching age 18, was in court ordered foster care or in an institution listed in section 218.1.
- Is at imminent risk of becoming homeless or failing to graduate from high school or to obtain a general education development diploma.
- Has demonstrated a willingness to participate in case planning and to complete the responsibilities prescribed in a case permanency plan.
- Is not eligible for comparable services from the adult services system.
- Is approved to enter extended care by HHS or Juvenile Court Services.

Are you seeking a placement in (circle one or more):

A. Family Foster care
B. Supervised Apartment Living
C. Other

Explain where you intend to reside and if you are willing to relocate for a foster care or supervised apartment living placement.

In order to process your application to programs, please answer the following questions. Failure to answer a question will not exclude you from participation in a foster care or supervised apartment living program.

1. Were you in Foster Care (Court-Ordered Out of home Placement) or an institution defined in Iowa Code Chapter 218 upon reaching age 18? ☐ Y ☐ N
2. Was it in Iowa? ☐ Y ☐ N
3. What is your current housing situation?
   - ☐ Homeless
   - ☐ Living with Family
   - ☐ Living with Friends
   - ☐ Your own Apartment/home
   - ☐ Foster Family Home
   - ☐ Residential Treatment
   - ☐ Supervised Apartment Living
   - ☐ Other (Please explain)
4. How long are you able to remain in your current housing situation?
5. If you may no longer stay in your current housing situation, please explain
6. Please mark if you have any of the following conditions: Y=Yes N=No P=Previous History R=Refused

Disability Type	Has Disability?	If Yes, Long-Term?	Impairs ability to live independently
Mental Health Diagnosis			
Physical Disability			
Chronic Health Condition			
Developmental Disability			
Alcohol Abuse			
Drug Abuse			

7. Are you experiencing or have you experienced any of the following:
   ☐ Domestic Violence ☐ Sex Trafficking ☐ History of Criminal Activity/Criminal Charges
8. Are you Pregnant or Parenting? ☐ Y ☐ N
   If yes, would your child be residing with you if you enter foster care or Supervised Apartment Living?
   ☐ Y ☐ N
9. What is your education status:
   ☐ Attending High School regularly ☐ Obtained GED or HiSED ☐ Dropped Out
   ☐ Attending High School irregularly ☐ Expelled or Suspended
   ☐ Graduated from High School ☐ Attending College or Post-Secondary Training
   Last Grade Completed?
10. Are you at risk of failing to graduate from high school? ☐ Y ☐ N
11. Are you Employed? ☐ Y ☐ N
    If Yes: ☐ Part Time ☐ Full Time ☐ Seasonal/Sporadic
    If No: ☐ Looking for Work ☐ Unable to Work ☐ Not Looking for Work
    If employed, where and what is your income per month?
12. Describe current court or criminal issues or indicate "none":
13. What goals do you have for yourself for the next 2 years?
14. Have you applied to other services?
    ☐ Y ☐ N
15. What other HHS or other services are you working with?
16. Are you married?
    ☐ Y ☐ N
17. Do you have children in your care?
    ☐ Y ☐ N
    If yes, please include names and ages:
18. Is there anything else you would like us to know?

Print name of applicant | Signature of applicant or legal representative | Date

Office use only

Transition Planning Specialist review date:

Known criminal history, including sex offenses, if applicable:

Previous foster care experience, including name of most recent SWCM and provider:

Other information:

Recommendation: