DSS/Student Contractual Agreement
For Continuing Residential Support

For Persons Ages Eighteen to Twenty one Years ☐
For Emancipated Persons Under the Age of Eighteen Years ☐

I, _____ hereby request to remain in the placement responsibility of the _____ County Department of Social Services. I understand that my signature on this agreement gives the _____ County Department of Social Services the authority to continue my placement in foster care and to provide foster care services and other services for which I am eligible.

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