

**DSS/Student Contractual Agreement for Continuing Residential Support
(CARS)
Six Month Review**

_____ date

(Young Adult Responsibilities)

Educational

School/vocational program attending _____ Hrs. Per week _____
Progress during previous 6 months: _____
Grade point average: _____ Date of expected completion: _____

Employment

Where employed: _____
Address: _____
Hrs. Part time: _____ Hrs. Full time _____
Employment evaluation by employer Excellent ___ Satisfactory ___ Unsatisfactory ___
Employment evaluation by young adult: Excellent ___ Satisfactory ___ Unsatisfactory ___
Not employed _____

Placement

Location of foster care placement: _____
Placement provider _____
Evaluation by young adult regarding appropriateness of placement
Excellent ___ Satisfactory ___ Unsatisfactory ___
Wish to remain in this placement? Yes ___ No ___
Wish to continue Voluntary Placement Agreement? Yes ___ No ___
Expected termination date: _____

Skill Development:

Identified strengths _____

Identified needs _____

Services Requested: _____

Comments:

Agency Responsibilities

Type of foster care placement: _____

Placement provider _____

Evaluation by placement provider regarding use of placement:

Excellent _____ Satisfactory _____ Unsatisfactory _____

Is agency willing to continue to provide this placement? Yes ___ No ___

Services Provided to Young Adult During Previous Six Months

Educational Assistance:

Vocational Assistance:

Life Skills Training:

Transitional Housing:

Personal Counseling:

Strengthening Personal Support System

Other

Services to be Provided by DSS During Next Period, Including Frequency

Involvement of Other Supporters Needed During Next Period:

Student Date

Care Provider Date

Social Worker Date:

Social Worker Date