

# The Possibilities Project

a transformational opportunity for Virginia's former foster youth

[The Possibilities Project](#) is a collaboration of the [Children's Home Society of Virginia](#), a licensed child-placing agency, and the [Better Housing Coalition](#), a Richmond-based nonprofit community development organization.

This initiative is designed to empower at-risk youth aging out of foster care, provide them with critical social supports, and assist them as they develop into responsible, productive adults and engaged members of our communities. *Space is extremely limited at this time.*

The Possibilities Project includes housing with a roommate on campus at one of BHC's rental communities. In addition, each youth will be assessed at the outset for their most critical needs, and both program staff and partners will provide pathways to essentials such as education, transportation, employment, counseling or life coaching, and life skills training.

**Requirements: Each program participant must be capable of living independently in a community of apartments with a roommate. Each program participant must also be capable of becoming fully independent and self-supporting after 1-2 years in the program.**

Other necessary skills include: the capacity to be engaged in their education and/or career training, to work and maintain part- or full-time employment, to learn and grow, to participate fully in group activities and fun, to participate in counseling and mental health services, to observe all program rules and policies, and to comply with the youth-driven life, career, and education plans created with their case manager.

**Referrals:** We accept referrals from organizations serving young people in or who have aged out of foster care, and from young people who have aged out of foster care.

## The Possibilities Project Eligibility Requirements

**To be considered for The Possibilities Project, each applicant must:**

1. Have aged out of foster care;
2. Be 18-25 years old;
3. Demonstrate the capacity to live independently while in the program
4. Demonstrate the capacity to become fully independent and self-supporting after 1-2 years in the program.
5. Not be pregnant or be the custodial parent of a child;
6. Have no criminal convictions reflecting acts of violence, or any other conduct or activity which establishes a pattern of violence that poses a direct threat to the health and safety of other residents; Have no criminal convictions or a pattern of behavior reflecting a pattern of crimes against property :
7. Have low to moderate mental health challenges;
8. Pass the criminal background check and complete the credit check.



**Questions?**  
Call Diehdre Gregory  
804.353.0191 x336



Date: \_\_\_\_\_

# The Possibilities Project Referral Form

## TO BE COMPLETED BY PERSON MAKING REFERRAL: YOUTH INFORMATION

**Youth Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Male  Female  Transgender Preferred gender pronoun: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Speaks English?  Yes  No

**Is the youth currently in school (high school, college, or vocational training)?**  Yes  No

(Former) High School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA \_\_\_\_\_

College/Vocational School: \_\_\_\_\_ # Courses Completed: \_\_\_\_\_

Degree Program: \_\_\_\_\_ GPA \_\_\_\_\_

**Is the youth currently employed?**  Yes  No If yes:

Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_

Hours per week: \_\_\_\_\_ (We will not contact his/her employer without the youth's permission).

**Present Living Situation:**  Foster Parent/s  Group Home  Biological Family  Couchsurfing

Living with a friend  Homeless  On his/her own  Other: \_\_\_\_\_

## ELIGIBILITY VERIFICATION

**Last/current DSS agency providing service to the applicant:** \_\_\_\_\_

Start & end date of out-of-home placement \_\_\_\_\_ to \_\_\_\_\_  
(start date) (dismissal date)

**Youth Transition Plan** (if possible, please attach):  Yes, I have attached his/her transition plan

## CASE WORKER INFORMATION

**Name of Current Social Worker:** \_\_\_\_\_

County/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Names of Past Social Worker(s):** \_\_\_\_\_

\_\_\_\_\_

County/Counties/Agencies: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

## REFERRAL INFORMATION

**Person making referral:** \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Relationship to youth:**  Attorney  Caregiver  Mental Health Professional

School Staff  Case Worker  Other: \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Services Requested:**  Housing  Employment search  Employment skills  Counseling

Finishing High School/GED  Workshops  Post-secondary education support

Permanency Services  Other: \_\_\_\_\_

\_\_\_\_\_

**Social Worker/reference signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email or fax the completed form to the attention of**

Diehdre Gregory, The Possibilities Project Program Manager

Email: [Diehdre@chsva.org](mailto:Diehdre@chsva.org) Fax: 804.353.7451

Children's Home Society of Virginia | 4200 Fitzhugh Avenue, Richmond, VA 23230

**Questions?** Call 804.353.0191 x336

# The Possibilities Project Youth Application Form

Date: \_\_\_\_\_

## YOUTH INFORMATION

**Your Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender:  Male  Female  Transgender Preferred gender pronoun: \_\_\_\_\_

Primary Language: \_\_\_\_\_  Can Speak English

**Are you currently in school (either high school, college, or vocational training)?**  Yes  No

If yes: High School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA \_\_\_\_\_

College: \_\_\_\_\_ Number of Courses Completed: \_\_\_\_\_

Degree Program: \_\_\_\_\_

**Are you currently employed?**  Yes  No If yes: Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Hours per week: \_\_\_\_\_

*(We will not contact your employer without your permission.)*

**Do you have a driver's license?**  Yes  No **If not, do you have a learner's permit?**  Yes  No

**Do you have a car?**  Yes  No

**Present Living Situation:**  Foster Parent/s  Group Home  Biological Family  Couchsurfing

Living with a friend  Homeless  On his/her own  Other: \_\_\_\_\_

When would you be available to move in to your apartment? \_\_\_\_\_

**Tell us a little about yourself. And, what are your dreams? Goals? Talents? Skills?** \_\_\_\_\_

*(Continued on the back.)*



The Possibilities Project  
Children's Home Society of Virginia  
Authorization for Release and Exchange of Information

**Please list most recent DSS agency or, in the case of multiple placements across multiple counties, please list all former DSS agencies:**

To: \_\_\_\_\_ DSS - \_\_\_\_\_  
\_\_\_\_\_ Other placements: \_\_\_\_\_

I, the undersigned, hereby authorize and ask the above-named entity, upon presentation of this authorization, to release to the Children's Home Society of Virginia (CHSVA) and/or to any of its agents or designees copies of any and all recorded information concerning including by way of example, but not limited to, the following:

\_\_\_\_\_ All case files and evaluations, including psych evaluations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization also includes the authority to inspect and copy any and all such records and to discuss independent living arrangements with the case worker and independent living coordinator.

I further authorize agents and employees of the above-named entity and of CHSVA to discuss, release and exchange with each other information regarding the above-named person.

This authorization is continuing in nature and is to be given full force and effect to release any and all of the foregoing information learned or determined after the date hereof.

You are hereby released from any and all liability in connection with the disclosure of records, documents, writings and physical evidence to CHSVA.

Unless revoked in writing, this authorization shall be valid for **one (1) year** from the date of signature. In addition, a copy of this authorization may be used in place of and with the same force and effect as the original.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Former/Alias/Maiden Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OR** -----

\_\_\_\_\_  
Personal Representative's Name

\_\_\_\_\_  
Personal Representative's Signature

\_\_\_\_\_  
Description of Representative's Authority