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

Better Housing Coalition
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 ☐ Other:

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 ___________________

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 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.)
Tell us why you want to be a part of The Possibilities Project.
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

TPP: 7/13/2017