

My Path Forward

Empowering Youth for Independence

My Path Forward 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.

My Path Forward 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 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 self-referrals and referrals from organizations serving young people in foster care, with prior foster care experience or who have aged out of foster care.

My Path Forward Eligibility Requirements

To be considered for My Path Forward, each applicant must:

1. Have aged out of foster care or have prior foster care experience;
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 two 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 no significant mental health challenges that require 24 hour a day supervision and redirection.

My Path Forward 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: _____

Does youth have a driver's license? Yes No **Learner's permit?** Yes No

Does youth have a car? Yes No

What would be the youth's desired move-in date? _____

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: _____

Social Worker/reference signature _____ Date: _____

Please email or fax the completed form to the attention of

Diehdre Gregory, Permanency and Independent Living Director

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

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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