

# Exception to Policy Request to Remain in Care Past Age 21

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Name of Young Adult: \_\_\_\_\_

## Request from Provider Agencies for continued foster care placement past the age of 21

- Use this form for initial ETP requests. Use form FPS-019A to request an extension of a current ETP.
- Requests must be signed by the agency Program Director.
- Initial ETP requests must be submitted no later than 3 months prior to the young adult's 21st birthday.
- Agencies must assist young adults to apply for both NY/NY III and NYCHA (if eligible).
- Submit completed requests to [acs.sm.fps.etp@acs.nyc.gov](mailto:acs.sm.fps.etp@acs.nyc.gov).

### I. AGENCY/ATTORNEY INFORMATION

Agency: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Case Planner: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Case Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Director: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FCLS Attorney: \_\_\_\_\_ Borough: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

FCLS Supervising Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney for Child (list agency): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### II. YOUNG ADULT INFORMATION

Initial Placement Date: \_\_\_\_\_ Date placed with Agency: \_\_\_\_\_

Neglect Voluntary Other: \_\_\_\_\_

Legally Freed? Yes Date: \_\_\_\_\_ No \_\_\_\_\_

Facility ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ CIN: \_\_\_\_\_

Current Placement: Family Foster Care ( Kinship) Therapeutic Foster Family Care (TFFC)  
Residential ( Group Home RTC RTF) Treatment Foster Care Oregon (TFCO)  
Specialized Family Foster Care Other: \_\_\_\_\_

If residing in a foster boarding home: Name of foster parent \_\_\_\_\_ Date placed: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is young adult a parent? Yes No Expecting? Yes No

Does the child/ren live with young adult? Yes No If no, where: \_\_\_\_\_

Is there an 8D child? If so: Name: \_\_\_\_\_ DOB: \_\_\_\_\_ CIN: \_\_\_\_\_

### III. REQUEST INFORMATION

Date of Request: \_\_\_\_\_

Request: Initial Extension\* (date extension expires \_\_\_\_\_ )  
*\*go to page 6 after completing next section (up to Immigration Status)*

Is this ETP request court ordered? Yes Date: \_\_\_\_\_ Judge: \_\_\_\_\_ Borough: \_\_\_\_\_  
No \_\_\_\_\_

Length of time requested: 3 months 6 months 12 months (awaiting approved OPWDD housing only)

Does Agency support extension of care for young adult? Yes  
No (if no, attach agency diligent efforts since young adult was 19.5 for initial EPT or since young adult's extension was approved – **this must be signed by Agency ED**)



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NY/NYIII (supportive housing)

Date Application sent:

Approved for:    Category I only    Category C only (OMH)    Category I and C

Date of Determination Letter (attach to ETP request):

Date Confirmation of referrals received (attach to ETP request):

Status of referrals (date application sent, interview date, etc):

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Rejected housing offered; list and provide reasons:

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Ineligible, provide reasons:

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OPWDD

Date found eligible (attach eligibility request letter):

Date screened for program (include name of program and outcome):

Date accepted/waitlisted (attach letter of acceptance to ETP request):

Name of program:

Other:

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## 2. Resources

Have discharge resources such as extended family members, current or former foster families, mentors been explored?

Yes No (why)

If yes, please list resources explored:

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If placed in a family foster care home, has agency confirmed with current foster parents whether they will serve as young adult's community resource (permit young adult to stay after foster care payments cease)?

Yes No (why)

If yes, attach Letter of Agreement which states 12 month term and signed by young adult and foster parent.

Has agency explored an arrangement between young adult and current foster parents for young adult to contribute to household expenses?

Yes No (why)

Has agency explored subsidy funds for an apartment or shared living arrangement?

Yes No (why)

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## 3. Education/Vocation

Did young adult graduate high school: Yes (School/year)  
No

Is young adult attending a GED program: Yes No

Is young adult attending college: Yes What school  
No Why not

Is young adult currently working: Yes (Where/hours/hourly wage/started):

No Why not

Is young adult currently in a vocational program: Yes (Name of program and expected completion date):

No Why not

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## 4. Medical/Clinical Information

Does young adult have a significant medical history or condition that impacts his or her housing plan? Yes No

If yes, explain:

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Does young adult have a significant mental health condition that impacts his or her housing plan? Yes No

If yes: When was young adult's last psychiatric/psychological evaluation?

Diagnosis:

Is young adult currently on medication? Yes No

If yes: What medications?

Is young adult medication compliant? Yes No

Has young adult been psychiatrically hospitalized? Yes No

If yes: Please indicate date of last hospitalization, names of facility and reasons for hospitalization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. Source of Income

Employed: Yes Weekly income \_\_\_\_\_ No

Was income verified? Yes No If no, why:

SSI eligible: Yes No

Approved: Date

Application submitted: Date

Denied: Date: \_\_\_\_\_ Reason:

Status if not approved/denied:

Presumptive Budget Letter obtained; Date obtained \_\_\_\_\_ Not obtained

Other: Specify

## 6. Other Information

### Vital Records

Original Birth Certificate obtained? Yes No

Original Social Security Card obtained? Yes No

DMV Identification obtained? Yes No

### APPLA Information

Has the young adult received a 90-Day Notice of Intent to Discharge to APPLA+ or Status Change [pursuant to 18 NYCRR 430.12(f)(3)(i)(b)]? Yes Date: \_\_\_\_\_ No

Has a Final Discharge FTC been scheduled? Yes Date: \_\_\_\_\_ No

Transitional Medicaid package submitted? Yes Date: \_\_\_\_\_ No

Program Director (*print*)  
(or equivalent)

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

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**This section to be filled out for Extensions only**

**VII. ETP EXTENSIONS**

Please make sure information in sections I, II and V are still current and fill out sections III and IV again.

Provide an update in each area from the date the last ETP began and supply relevant supporting documentation. Please note if there have been any placement changes during extension period under other information.

- 1. Housing:
- 2. Resources:
- 3. Education/Vocation:
- 4. Medical/Clinical:
- 5. Sources of Income:
- 6. Other Information:

\_\_\_\_\_

Program Director (*print*) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is for ACS staff only** **Date received:**

If a meeting with the young adult, foster care agency and ACS took place provide a summary here:

**Recommendation**

An Exception to Policy for continued foster care placement for  
for a maximum period of \_\_\_\_\_ months is recommended in order for the following goals to be accomplished:

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An Exception to Policy for continued foster care placement is not recommended for the following reasons:

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OSR staff (*print*) \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Kathleen Owens, ETP Manager \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved    Disapproved    Period requested: \_\_\_\_\_

Julie Farber, Deputy Commissioner \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_