



## MY DECISION TO OPT OUT OF FOSTER CARE

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**Name**

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**Date of Birth**

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**Date of Decision**

\_\_\_\_\_ I understand the Extended Foster Care Program.

\_\_\_\_\_ I understand that unless I am in a post-secondary school (either academic study or vocational), the only help I will be able to receive when I opt out of Extended Foster Care is funding, Medicaid insurance, and perhaps some services, through the Aftercare Services Program. And I understand that Aftercare Services is only for short-term funding and requires a separate application and decision.

\_\_\_\_\_ I understand that I can opt into (or opt back into) Extended Foster Care, and that I will then need to complete an application to get (back) into this program.

\_\_\_\_\_ Understanding all the above, it is my decision to opt out of Extended Foster Care. No one has made me make this decision. This decision is my own.

\_\_\_\_\_ My last day in Extended Foster Care will be: \_\_\_\_\_.

\_\_\_\_\_ I want to apply for Aftercare or Postsecondary Education Services and Support ("PESS") help.

\_\_\_\_\_ This would help me decide to stay in Extended Foster Care if you could do this for me: [Describe any decisions from your case manager that would allow you to stay in care. Add as many pages as you need here:]

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Young Adult Signature

CF-FSP 5375, Nov. 2013  
65C-41.004

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Case Manager (as witness)

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