

INSTRUCTIONS TO INITIATE RESUMPTION OF JURISDICTION

STEP ONE - Determine youth eligibility:

- **NOTE: As a result of the Supporting Foster Youth and Families Through the Pandemic Act, through September 30, 2021, any youth or young adult who has left care is eligible to re-enter care, regardless of age or ability to meet the criteria listed below.**
- Determine whether:
 - The youth is less than 21 years old.
 - The youth was discharged from dependency jurisdiction within 90 days prior to their 18th birthday or older.
 - The youth meets at least one of the Act 91 criteria:
 - Completing secondary education or an equivalent credential.
 - Enrolling in an institution that provides post-secondary education or training.
 - Participating in a program actively designed to promote or remove barriers to employment. Name of program: Please note AIC programming can also meet these criteria.
 - Maintaining employment for at least 80 hours per month.
 - The youth cannot engage in one of the activities listed above due to a medical or behavioral health condition.
- If the youth is eligible, proceed to Step Two.
- If the youth is not eligible for resumption, proceed to Step Three.

STEP TWO – Collect Information Needed to File a Motion

- Complete the Baseline Eligibility Form.
- Because many youth have unstable housing, it is especially important to obtain contact information for the youth and others who might be able to reach the youth or help/provide interim stability for the youth. This information includes the following:
 - Youth's name.
 - Date of Birth.
 - Contact Information.
 - Emergency Contact Person.
 - Phone/text number of parents, guardian, family member for temporary shelter or can reach them.
 - Phone/text of friend who can reach them.
 - Their email address.
 - Facebook name.
 - Instagram handle.
 - Note times that a youth is most likely to be reached.
- It is important to obtain information about the youth's current living arrangement and immediate needs, including:
 - How long the youth's living arrangement can last.
 - Whether the youth is homeless.
 - Whether the youth has sufficient income to meet basic needs.
 - Whether the youth has unmet physical or behavioral health needs.

STEP THREE – Connect youth to support services and resources

- **Both youth who are eligible for resumption and those who are not should be assisted in contacting the Achieving Independence Center (AIC) for help in accessing support services. The AIC can be reached at 215-574-9194.**

- AIC staff or DHS Resumption of Jurisdiction Liaison staff will assess the youth's support service needs and assist them in accessing those services. AIC and community support services include, among other things:
 - Shelter/housing services.
 - Food.
 - Clothing.
 - Life skills.
- Additional resources may be found at: <https://www.phila.gov/2021-02-17-find-resources-for-older-youth-aging-out-of-care/>

STEP FOUR – Submit the form to the DHS Resumption Liaison

- **Email completed form to:** DHS.Resumption@phila.gov

Resumption of Jurisdiction Baseline Eligibility Form

Name of Person Completing Form: _____ Date: _____
 Supervisor of Person Completing Form: _____ Phone: _____
 Phone: _____

Youth Contact Information and Baseline Eligibility

Name: _____ DHS#: _____
 Date of Birth: _____ Age at discharge: _____ Current age: _____
 Address: _____ Phone: _____
 Email address: _____
 Preferred form of contact: _____ Best times to reach youth: _____
 AIC or LifeSet Coach, if applicable: _____ Phone: _____

Is the youth willing to engage with the Achieving Independence Center? Yes No

Other Contact information:

Name	Phone or Email address
Contact if youth's contact information changes (parent/guardian/family/kin/friend): _____	_____
Contact for temporary shelter (parent/guardian/family/kin/friend): _____	_____
Facebook name (for messaging only , not friending) _____	Instagram handle: _____
Times youth is mostly likely to be reached: _____	

Youth's Current Living Arrangement and Immediate Needs

Describe the current living arrangement: _____

 How long can this living arrangement last? _____

Check if any of the circumstances exist for the youth and provide more detail below.

- Living arrangement is not stable (will not last or changes day to day).
- Living on the street.
- Living in a homeless shelter.
- Living arrangement is not safe (due to poor conditions or due to domestic violence).
- Youth has physical or behavioral health issues that are not being met.
- Youth does not have income to meet basic needs.
- If the youth has housing needs, check the box if a referral was made for shelter or housing.

Provide detail of any circumstances checked above and describe any circumstances or needs of the youth that require an immediate or expedited response:

Please submit this form to: **DHS.Resumption@phila.gov**

Participation Requirements	
Check the applicable box and provide requested information if the youth is currently engaged in one of the following activities. NOTE: Through 9/30/2021, youth are NOT required to meet below criteria.	
Act 91 Criteria	Name of program/employer/condition
<input type="checkbox"/> Completing secondary education or an equivalent credential.	
<input type="checkbox"/> Enrolling in an institution that provides post-secondary education or training.	
<input type="checkbox"/> Participating in a program actively designed to promote or remove barriers to employment. <i>Please note AIC programming can also meet these criteria.</i>	
<input type="checkbox"/> Maintaining employment for at least 80 hours per month.	
<input type="checkbox"/> The youth cannot engage in one of the activities listed above due to a medical or behavioral health condition.	
If the youth is not currently engaged in one of the five activities above, describe which category listed above in which the youth intend to engage with supportive services.	
Why was the youth discharged from care?	
<input type="checkbox"/> Youth was AWOL from care. <input type="checkbox"/> Youth consistently failed to meet requirements to remain in care. <input type="checkbox"/> Youth requested discharge from care.	
Why does the youth want to re-enter care?	
OTHER: Please provide any additional information below about the youth's circumstances, needs or additional contact people.	
Signatures	
Person Completing Form: _____	
Supervisor: _____	

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