**COMMUNITY HOUSING EMPLOYMENT ENRICHMENT RESOURCE (CHEER) CONTRACT**
DCF-2252
(Rev. 11/2024)

**Initial CHEER Start Date:** _____

*This is a binding agreement between* _____ **(participant name)** and the Department of Children and Families (DCF) _____ **(Transitional Support Specialist name)**

This agreement is only binding during the life of this contract **(which cannot exceed six (6) months).** Future ***Ongoing*** contracts shall be created and signed by all parties during the Participant's stay in the Community Housing Employment Enrichment Program. Failure to have an up-to-date contract will jeopardize Participant's right to any benefits afforded through CHEER.

This contract is binding beginning _____ through _____

**This contract is subject to change if:**

a. any part of it becomes contradictory to future policies or procedures adopted by the Community Housing Employment Enrichment Resource (CHEER);
b. any part of it becomes contradictory to future rules, policies or procedures enacted by governing bodies;
c. negotiated and signed by Participant and Transitional Support Specialist and, if appropriate, the CHEER Case Manager.

**PARTICIPANTS RESPONSIBILITIES**

A. Participant will reside at the following address:

| Address (No. and Street) | Apt. #: | City: | State: | Zip: |
|---|---|---|---|---|
| | | | | |

**** If this address changes, or if anyone other than Participant is residing, frequenting or sleeping in the CHEER home, Participant agrees to notify his or her Transitional Support Specialist (and Case Manager if applicable) within 72 hours***.

B. Participant will attend Employment Training Program until with the following schedule:

C. Participant will agree to up to 40 productive hours per week that will include: Employment Training and work hours. Additional activities will be considered and approved by DCF Transitional Support Specialist. Participant will participate in the following activities for up to 40 hours per week: ***(please break out each activity and number of hours per activity***).

D. If available, Participant will apply for financial aid in a timely fashion (with assistance).

E. Participant must remain in good standing as defined by the program.

F. Participant must be employed full time and/or participating in an approved employment training program regularly and continuously.

G. Participant must submit progress reports from the employment program to the Transitional Support Specialist within 72 hours of receipt.

H. Participant has completed **or** is participating Life Skills Development work.



505 Hudson Street
Hartford, CT 06106
Phone: 860-550-6300

I. **BUDGET**

***Participant will receive a monthly stipend based on the following budgeted allotment.***

| | | |
|---|---|---|
| **Rent** | | $ _____ |
| **Utilities** | | $ _____ |
| **Heat (if not included in the rent and when added to rent, cannot exceed rental amount allowed for area contained in policy)** | | $ _____ |
| **Food** | | $ _____ |
| **Telephone** | | $ _____ |
| **Transportation** | | $ _____ |
| **Personal Care** | | $ _____ |
| **Clothing** | | $ _____ |
| **Participants total funding need for rent and stipend** | **TOTAL** | $ $ 0.00 |
| **During first 6 months, participant receives 100% of subsidy** | | $ _____ |
| **Present amount for subsidy during this contract time period** | **TOTAL MONTHLY SUBSIDY** | $ $ 0.00 |

***Minor Child Stipend Amount *must be* made as a separate payment and these payments are not reduced during the CHEER Program.**

J. Participant must deposit up to 50% of earned income into an interest-bearing savings account in the first 6 months of the CHEER Program.

Savings amount: As of (date)

Participant will continue to save and prepare for their transition from care while participating in the CHEER Program

K. Participant will begin to assume a portion of the cost of their care at month 7 utilizing earnings from employment.

| | | | |
|---|---|---|---|
| Month 7 through month 9: | 20% subsidy reduction | $ | (new subsidy) |
| Month 10 through month 12: | 40% subsidy reduction | $ | (new subsidy) |
| Month 13 through month 16: | 70% subsidy reduction | $ | (new subsidy) |
| Month 17 through month 20: | 85% subsidy reduction | $ | (new subsidy) |
| Month 21 through month 24: | 100% subsidy reduction | $ | |

L. Participants approved for volunteer service year are exempt from subsidy reductions.

M. Participant will meet with the Transitional Support Specialist at least once a month at Participant's residence (unless Participant attends school out of state).

N. Participant agrees to be actively involved in the following additional activities:

A.

B.

C.

O. Participant will inform the Transitional Support Specialist within 72 hours of any major changes in Participant's situation including but not limited to: quitting or losing a job, leaving an educational or training program, moving.

P. Participant will agree to actively prepare for their transition from care and this information must be documented in LINK/CT-KIND for all youth every September or more frequently.

***Failure to follow the terms set forth in this agreement may result in termination from the CHEER Program. When DCF elects to terminate these services, a *NOTICE OF DISCONTINUATION (DCF- 800-800a)* shall be sent to the Participant.**

## DCF TRANSITIONAL SUPPORT SPECIALIST'S RESPONSIBILITIES

A. Transitional Support Specialist may assist with start-up costs per DCF policy that include:

_____for housewares (maximum $500)
_____for food (maximum $100)
_____for furniture ($2000 maximum)

B. Transitional Support Specialist will initiate the subsidy payment each month.
The current subsidy amount is: $ per month for the next six months (update with each contract)

C. Transitional Support Specialist may provide a one-time apartment deposit (*not to exceed first and last month's rent*) $

D. Transitional Support Specialist will provide a medical card to Participant for the duration of Participant's involvement in CHEER.

E. Transitional Support Specialist will meet with Participant twice a month. One meeting will take place in Participant's place of residence.

F. Transitional Support Specialist will collaborate with Participant on housing, education, employment, identifying permanent family and adult life-long connections.

G. Transitional Support Specialist with Participant will review the latter's budget expenditures monthly.

H. Transitional Support Specialist will monitor and document Participant's savings and subsidy reduction requirements.

I. Transitional Support Specialist will monitor Participant's employment and training attendance.

J. Transitional Support Specialist and Participant will review the Transitional Living Case Plan, address issues as needed and document Participant's plan and progress towards transitioning from care in LINK/CT-KIND each September or more frequently.

## GENERAL PROVISIONS

A. This contract will be reviewed every three months (unless a more frequent review is required or requested) with Participant (and Case Manager if involved) present.

B. If Participant has a Case Manager, the Case Manager's duties shall be outlined in Attachment A to this contract.

C. This contract will be updated and signed every six (6) months per the policy.

| ADDITIONAL INFORMATION |
|---|
| Please add any additional information, conditions or requirements here: |
| **This agreement will be reviewed on: with Participant, Case Manager, and Transitional Support Specialist present. Participant will remain eligible for CHEER for a period not to exceed 24 months as long as Participant continues to meet DCF policy criteria and remains in good standing per the program.** |
| **Anticipated Discharge Date from CHEER:** |

| | | | |
|---|---|---|---|
| Participant Signature: | Date: | Case Manager Signature: | Date: |
| DCF- Transitional Support Specialist Signature: | Date: | DCF- Social Work Supervisor Signature: | Date: |
| DCF- Program Supervisor Signature: | Date: | | |

Attachment A (Case Manager's Responsibilities) continued on next page

**ATTACHMENT A**

**Case Manager's Responsibilities:**

A. The Participant will meet with the Case Manager weekly during this contract period, to review and improve skills in the following areas of concern:

B. The Case Manager shall submit a monthly *Case Manager's Progress Report* to the Transitional Support Specialist, the Central Office Program Lead and the Central Office Credentialing Unit.

| Participant Signature: | Date: | Case Manager Signature: | Date: |
|---|---|---|---|
| DCF Social Worker Signature: | Date: | | |