DCF-779
04/2015 (Rev.)

State of Connecticut
Department of Children and Families

NOTICE AT AGE OF MAJORITY
and
AGREEMENT FOR SERVICES POST-MAJORITY (SPM)

Name of Youth: _____ DOB: _____
Address: _____ Phone: _____
City, State & Zip: _____ LINK PID #: _____

Within the next three months, you will reach your 18th birthday or you have already reached your 18th birthday. At age 18, you are no longer committed to the care and custody of the Commissioner of the Department of Children and Families and you are not required to accept DCF services. However, you may continue to receive services from DCF as long as you remain in good standing in accordance with the DCF Adolescent Services Policy (Chapter 42) including participation in full-time attendance at:

- a secondary (high) school
- a technical school
- a college
- a stated-accredited job training program OR
- a post-secondary employment and career development program

AND consent to remain in care by participating in services as documented in your case plan.

I WISH TO: (check all that apply)

☐ voluntarily agree to participate in services offered by DCF as set forth in my case plan

☐ attend a high school or technical school ☐ attend a 2 or 4 year college

☐ attend a certified technical/vocational program ☐ attend a state-accredited job training program

☐ attend a post-secondary employment training program

Transfer to: ☐ Department of Mental Health and Addiction Services
☐ Department of Developmental Services

OR ☐ leave DCF care on my 18th birthday. I understand that DCF will terminate money payments and placement services on that date.

Date to review Transition Plan: _____

Signature of Youth Date

Signature of DCF Social Worker Date

Signature of DCF Revenue Enhancement Representative Date

Signature of DCF Youth's Attorney or GAL Date

☐ Faxed to DCF/RED Revenue Enhancement Division at (860) 706-5331