

**DEPARTMENT OF CHILDREN AND FAMILIES  
COMMUNITY HOUSING EMPLOYMENT and ENRICHMENT RESOURCES (CHEER)  
CHEER CONTRACT  
(PART I)**

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This is a binding agreement between \_\_\_\_\_, hereafter named **Participant**, and DCF (current social worker) \_\_\_\_\_,

This agreement is only binding during the life of this contract (which cannot exceed three (3) months). Future Contracts will be created and signed by all parties, during the Participant's stay in the Community Housing and Employment Resources program. Failure to comply with this contract will jeopardize the participant's right to any benefits afforded through CHEER.

This contract is binding beginning \_\_\_\_\_ through \_\_\_\_\_  
(date) (date)

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

- (a) any part of it becomes contradictory to future policies or procedures adopted by CHEER;
- (b) negotiated and signed by Participant, and DCF Social Worker and, if appropriate, the CHEER support worker.

**I. Participant's responsibilities**

A. The Participant will reside at the following address:

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Name of CHEER Roommate: \_\_\_\_\_

***\*If this address changes, or if anyone other than Participant CHEER approved roommate is residing, frequenting, and/or sleeping in the participant's apartment, the Participant agrees to notify his or her DCF Social Worker and CHEER Support Worker within 72 hours.***

B. The Participant has completed **or** is enrolled in \_\_\_\_\_  
(Name of Program) (Completion Date)

**Life Skills Program.**

C. The Participant will be employed at \_\_\_\_\_  
\_\_\_\_\_

The Participant will submit pay stubs to the DCF Social Worker/Support Worker on a monthly basis.

D. Approved Number of Productive Hours

Life Skills	_____
Employment	_____
Therapy	_____
Other (specify) _____	_____
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Total	40 hours

\* Any changes in the approved number of productive hours must be agreed upon by the DCF Social Worker, Social Worker Supervisor and Program Supervisor

E. The youth will repay the Department for start-up costs monthly. It will be subtracted from the amount allotted for savings or deducted from their subsidy until repaid. When repaid, the budget will be re-negotiated to reflect the new subsidy.

**Starting Stipend Amount**

25%	_____
50%	_____
75%	_____
0%	_____

**Rent Allotment (Full Rent)**

25%	_____
50%	_____
75%	_____
0%	_____

**BUDGET - SECTION 1**  
**(TOTAL BUDGET)**

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

<b>Rent</b>	\$ _____
<b>Utilities</b>	\$ <u>60. 00</u>
<b>Heat (if not included in the rent)</b>	\$ _____
<b>Food</b>	\$ <u>180. 00</u>
<b>Telephone</b>	\$ <u>35. 00</u>
<b>Transportation</b>	\$ <u>60. 00</u>
<b>Miscellaneous (household items, HBA's etc.)</b>	\$ <u>60. 00</u>
<b>Clothing</b>	\$ <u>54. 00</u>
<b>SUB TOTAL</b>	\$ _____
<b>*Participant's Child(ren) Stipend Amount</b>	\$ _____
<b>TOTAL MONTHLYCOST</b>	\$ _____

**\*Child(ren) Stipend Amount *must be* made as a separate payment.**

**BUDGET - SECTION 2  
(DETERMINING CLIENT CONTRIBUTION)**

Earned Net Income \_\_\_\_\_ + Unearned Income \_\_\_\_\_ =  
\_\_\_\_\_ Available Monthly Income (AMI)

Available Monthly Income - \* (40%) Savings or - (35%) Spending = (25%) Participant Contribution  
\_\_\_\_\_ - ( \_\_\_\_\_ or - \_\_\_\_\_ ) = \_\_\_\_\_

**BUDGET - SECTION 3  
(DCF SUBSIDY)**

Sub Total (Refer to Section I)	\$	_____
Participant Contribution (refer to Section II) 25% each quarter	- \$	_____
DCF CHEER Subsidy	= \$	_____
*Participant's Child(ren) Stipend	+ \$	_____
<b>TOTAL MONTHLY COST</b>	=	_____

\*Participant's Child(ren) Stipend must be submitted as a separate LINK payment.  
Please use LINK code 555 CHAP-minor child expense for this payment.

- F. This agreement will be reviewed quarterly and the budget will be adjusted each quarter 25% stipend and 25% rent budget.
- G. The Participant will meet with the Social Worker at least once a month.  
The CHEER Participant will have regular contact with CHEER Support Worker.
- H. The Participant will inform the Social Worker within 72 hours of any major changes in his or her situation, including, but not limited to: quitting or losing a job, leaving an educational/training program, change of address, etc.

**\*Failure to follow the terms set forth in this agreement may result in termination from the CHEER program. When the Department of Children and families elects to terminate these services, a NOTICE OF DISCONTINUATION (CYS 800-801) shall be sent to the Participant.**

**II. DCF Social Worker’s Responsibilities**

- A. The Social Worker will initiate the subsidy payment each month. The current subsidy amount is \$ \_\_\_\_\_ per month.
- B. The Social Worker will re-negotiate and reduce the budget, contract, and Participant’s contribution towards the total cost of care, quarterly.
- C. The Social Worker will provide a medical card to the Participant for the duration of his/her involvement in the CHEER.
- D. The Social Worker will meet with the Participant once a month.
- E. The Social Worker will collaborate with the Participant on housing and employment.
- F. The Social Worker and the Participant, will review the latter’s budget expenditures & savings monthly.
- G. The Social Worker and the Participant will review the Independent Living and Transitional Living Case Plans every six months and address issues as needed.
- H. The Social Worker will review this contract every three months (unless a more frequent review is required) with the Participant and Support Worker present and the stipend and rent allotment will decrease 25% each quarter.
- I. The Social Worker and Social Worker Supervisor will review/approve the Quarterly CHEER contract, and monitor 25% decrease in stipends.

**J. Additional Information**

Please add any additional information, conditions or requirements here: \_\_\_\_\_

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**This agreement will be reviewed on \_\_\_\_\_ with the Participant, Case**  
date

**Manager, and DCF Social Worker present. The Participant will remain eligible for CHEER as long as the Participant continues to meet DCF policy criteria and remains in good program standing for up to 12 months.**

<b>Participant</b>	_____	<b>Date</b>	_____
<b>Social Worker</b>	_____	<b>Date</b>	_____
<b>SW Supervisor</b>	_____	<b>Date</b>	_____
<b>Program Supervisor</b>	_____	<b>Date</b>	_____
<b>Support Worker</b>	_____	<b>Date</b>	_____

