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| DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF)  **Rights of Children and Youth in Foster Care** | |
| **As a child or youth in foster care, I have the right to know:** | |
| Why I am in foster care?  How the foster care system works?  The efforts to reunify me with my family.  **I have the right to:** | The expectations of my foster caregiver.  The purpose of a case plan and the contents of my case plan. |
| **Safety and Well Being** | |
| * Be protected from abuse and neglect. * Be treated fairly and equally, whatever my gender, gender identity, race, religion, ethnicity, national origin, disability, medical problems, or sexual orientation and be addressed by the gender pronoun I prefer. * Have my basic needs met (food, clothing, shelter, health care, and education). * Participate in “normal” childhood activities (overnights with friends, after-school activities and sports). * Have space for storing my clothing and belongings. * Have the right for my case file and personal information to be confidential and kept in a secure place. Discussions of my information should only occur with designated individuals directly involved with my case plan. * Be free from cruel, frightening, or unsafe discipline. * Practice my own religion or not at all. * Report abuse, neglect, exploitation, or violation of my personal rights without fear of punishment, interference, or coercion. * Be referred for legal services to determine whether an application for Special Immigrant Juvenile Status shall be submitted on my behalf to the Immigration and Naturalization Service. | |
| **Court Proceedings** | |
| * Have someone appointed to represent my best interests in my dependency case, such as a Guardian Ad Litem (GAL) or a Court Appointed Special Advocate (CASA). * Request an attorney or have someone request one on my behalf at any age. * Have my case reviewed in court every six months * Be notified of and participate in my hearings, if I am 12 or older. * Be notified that I can request an attorney to protect my legal rights and represent what I want, if I am 12 or older. * Be appointed an attorney six (6) months after my parents’ parental rights have been terminated. * Be appointed an attorney if I am in Extended Foster Care. * Access and review my case records. * Be consulted about my permanent plan, if I am 14 or older. * Invite two (2) people of my choice to my Permanency Planning meetings, if I am 14 or older. | |
| **Placement and Visitation** | |
| * Be placed in a residence where I am safe, that can meet my needs, and provide appropriate privacy for my personal needs. * Be placed in a home with my siblings whenever possible. * Be placed with a willing and able relative or suitable adult I know and who I am comfortable with, whenever possible and appropriate. * Have regular and frequent contact or visits with my parents, unless otherwise ordered by the court. * Visit my parents and siblings. These visits cannot be limited as punishment for my behavior. * Maintain regular contact or visits with siblings when separated, unless the court orders that contact or visits are not appropriate. * Initiate and receive private phone calls and letters, unless otherwise determined by the court. * Ask the court if I can move back home even if my parents’ parental rights have been terminated and three (3) years have passed since termination (and to have an attorney appointed to help me with the request). | |

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| **Education** | |
| * Attend school. * Remain in the same school even when I move to a foster home, when it is practical and in my best interest. * Enter school within 3 days of placement into foster care or placement change. * Have an Educational Liaison at my court hearings under certain circumstances. | |
| **Healthcare** | |
| * Be informed of my health needs, medications, and medical history. * Have annual well-check exams. * Have dental exams every 6 months through age 18 and annually thereafter until age 26. * Be informed of the benefits and risks of any and all medicines, vitamins, or herbs that are prescribed or recommended to me. * Agree to or disagree to take any or all medicines, vitamins, or herbs; unless the court says I must take them. * Obtain or refuse reproductive health care, including birth control and/or counseling regarding birth control, without consent or knowledge of a parent or guardian. * Receive outpatient mental health treatment without consent or knowledge of a parent or guardian if I am over the age of 13. * Receive outpatient substance abuse treatment without consent of a parent or guardian if I am over the age of 13. * Obtain tests and treatment for sexually transmitted infections without consent of a parent or guardian if I am age 14 or older. * Know Children’s Administration’s duties and responsibilities if I am pregnant or a parenting foster youth and that my needs will be addressed and services will be provided. | |
| **Transitioning Out of Foster Care / Extended Foster Care** | |
| * Develop a transition plan for moving out of foster care. * Obtain my consumer credit report annually starting at age 14 until I turn 18. * Know in advance what my options are on my 18th birthday if I am still in foster care. * Know and understand all the components of the Extended Foster Care program. * Enter / re-enter Extended Foster Care between 18 to 21 years of age as needed. * Refuse Extended Foster Care or opt out at any point. * Be provided my vital documents when needed and upon leaving foster care, including birth certificate, social security card, Washington State Identicard (ID), medical insurance information, verification of being in foster care (Ward of the Court Letter) and a copy of my health and education records. * Receive medical coverage through state health insurance (Medicaid) until age 26, if I was a ward of the State on my 18th birthday. * Know how to request my case records once I turn 18. | |
| **Signatures** | |
| **I acknowledge that my rights have been provided and explained to me in a way that I can understand.** | |
| CHILD / YOUTH SIGNATURE DATE | CASEWORKER SIGNATURE DATE |
| Youth declined to sign.  Youth unable to sign. | Youth Rights were provided and explained in an age appropriate way. |
| PRINT CHILD / YOUTH NAME | PRINT CASEWORKER NAME |