

## Foster Youth Services Coordinating Program Direct Services Waiver

**District Name:**

**County-District Code:**

**County Office of Education:**

**Fiscal Year:**

**Requested Grant Amount for Direct Services:**

If there is an increased need for the Foster Youth Services Coordinating Program (FYSCP) to provide direct services to students within your local educational agency (LEA), please complete the following form. Direct services include academic tutoring, mentoring, and counseling, which can support the needs outlined in the FYSCP program plan and further support foster youth success. Any services provided must supplement, rather than supplant, existing LEA services.

### **AB-854 Education Code Section 42921(e)(2)(A)**

If a school district annually certifies in writing to the FYSCP that it is unable, using any other state, federal, local, or private funds, to provide academic tutoring, mentoring, and counseling, and if those services are established as needed and identified by the appropriate school district, in collaboration with the county child welfare agency or county probation department, the school district may enter into a temporary agreement with the FYSCP to provide those services.

**Certification:** I certify that

District is unable, using any other state, federal, local, or private funds, to provide academic tutoring, mentoring, and counseling services and that those services are established as needed and identified by the appropriate school district, in collaboration with the county child welfare agency or county probation department. I also certify that a Letter of Authorization or Memorandum of Understanding with the LEA in need of direct services is on file and will be made available upon request.

**Description of Services Requested:**

The county foster youth services coordinating program agrees to provide

District with the above requested services for the current school year. It is mutually agreed that if the California State Legislature does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

**District Superintendent Name:**

**District Superintendent Email:**

**District Superintendent Signature:**

**Date Signed:**

**FYSC Program Coordinator Name:**

**FYSC Program Coordinator Email:**

**FYSC Program Coordinator Signature:**

**Date Signed:**

**County Fiscal Authority Name:**

**County Fiscal Authority Email:**

**County Fiscal Authority Signature:**

**Date Signed:**