**Date**

**First Name Last Name,** Executive Director

**PHA Name**

**Street Address**

**City, State, Zip**

Dear Ms./Mr./Dr. **Last name**,

Thank you for partnering with us to access HUD’s Foster Youth to Independence Initiative (FYI) as a part of our efforts to end homelessness among youth aging out of foster care in **our community**. We have established a system for identifying eligible youth within our caseload as well as a method of identifying eligible youth and accepting referrals for FYI with our community partners. Today, we would like to refer **youth name** to the Frederick Housing Authority (City) for a Foster Youth to Independence voucher. We certify that **youth name** is eligible for FYI on based on Section 7 of HUD PIH Notice 2020-28 and we hope that **he/she/they** may receive their voucher on or before **date.**

We understand that in keeping with HUD PIH Notice 2020-28, **PHA** will compare this name with the Housing Choice Voucher (HCV) waiting list and if **youth’s name** appears on the list they will be served in accordance with their position on the list according to the admissions policies and the Administrative Plan of **PHA**. Otherwise, **youth’s name** will be added to the waiting list (whether the list is opened or closed) and **PHA** will send a request to the U.S. Department of Housing and Urban Development (HUD) for funding to administer an FYI for **youth’s name**.

To support **youth’s name** smooth transition to independence as **he/she/they** participate in FYI, we have partnered with **case management agency**, led by, **contact person name**. Like all youth under the jurisdiction of the **PCWA Name**, **youth name** has participated in independent living programs. Thus, **he/she/they** is prepared to be a good tenant and maintain steady employment and educational opportunities in **her/his/their** current home of **City, State**. However, to support **her/his/their** transition to independence and housing stability over the 36 months of the FYI housing subsidy, **she/he/they** will have access to the following services through **case management agency**:

* Basic life skills information/counseling on money management, use of credit, housekeeping, proper nutrition/meal preparation, and access to health care (e.g., doctors, medication, and mental and behavioral health services).
* Counseling on compliance with rental lease requirements and with HCV program participant requirements, including assistance/referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
* Providing such assurances to owners of rental property as are reasonable and necessary to assist a FUP-eligible youth to rent a unit with a voucher.
* Job preparation and attainment counseling (where to look/how to apply, dress, grooming, relationships with supervisory personnel, etc.).
* Educational and career advancement counseling regarding attainment of general equivalency diploma (GED); attendance/financing of education at a technical school, trade school or college; including successful work ethic and attitude models.

As we move forward with our FYI partnership, local departments of social services will continue to identify youth who are appropriate for referral to FYI, as a part of our robust transition planning efforts including:

* Identifying FUP-eligible youth within the agency’s caseload and review referrals from the PHA and Case Managing Agency.
* Prioritizing referrals to ensure that youth are referred to FYI TPV based upon level of need and appropriateness of the intervention.
* Providing written certification to the PHA that a youth is FUP-eligible.
* Providing or secure a commitment for the provision of required supportive services.

Again, please accept our deepest appreciation as we all move forward to improve the lives of youth in **our community** who are transitioning to adulthood alone, without the support of a permanent family. If you have any questions, please feel free to contact our public child welfare agency (PCWA) FYI point of contact: **Contact Name, Position** at 301-600-2639 or **case management agency name** point of contact, **Contact name** at **contact telephone** #.

Respectfully,

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| **Name** , Director  **PCWA**  **Street Address**  **City, State, Zip** | **Name**, Director  **Name of Agency**  **Street Address**  **City, State, Zip** |
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