

The New Jersey Department of Children and Families
Division of Child Protection and Permanency

Youth Bill of Rights

To Ensure the Rights of Each Child and Adolescent in Placement

This general list was created to help you understand your rights while in an out-of-home placement. As a child or adolescent in out-home-placement, you have the right to live in a safe environment free from physical, mental, psychological, emotional abuse, corporal punishment, exploitation, or needless physical control or isolation. Further, your out-of-home placement shall not discriminate against you based on your age, race, color, national origin, disability, gender identity, gender expression, religion, or sexual orientation. The Youth Bill of Rights will be presented to you starting at age 12 and annually thereafter while you are in out-of-home placement.

I. General Rights

- A) To be given a copy of these rights; which has been signed by me and is filed in my case plan. To be informed of my rights in a meaningful and age appropriate way. To have these rights read and explained to me.
- B) To be involved in the decision-making process which impacts my life, and to express my views about my placement, transition, and permanency plan.
- C) To receive adequate food, shelter, and clothing.
- D) To live in a safe, clean, caring, and healthy environment.
- E) To practice my religion or spiritual exercises of my choice.
- F) To participate in community and school activities which enrich my life and well-being consistent with the reasonable and prudent parenting standards.
- G) To have a placement in the least restrictive, most family-like setting, which best fits my individual needs and reflects my best interest and allows me to be heard and listened to, and to have adults explain things I may not understand, in an age-appropriate way.
- H) To have regular communications with my CP&P Worker and law guardian, and to communicate and visit with my family and friends, in accordance with my case plan or transitional plan.
- I) To be provided and or linked to services that support my successful transition through adolescence and onto adulthood.
- J) To be actively involved in the development of my own case plan and goals through participation in Family Team Meetings (FTM's), court hearings, and other meetings that involve making decisions about my life.
 - a. This includes the ability to identify at least two (2) individuals, as discussed with CP&P, who are important to me, not including my Worker or resource family parent, to participate in my case planning.
 - b. I am aware that DCF has the discretion to not permit my selected individuals from participation if good cause is explained to me that the individuals may not act in my best interest.
- K) To be provided, on an annual basis, beginning at age 14, with a copy of my credit and consumer report until I am discharged from care and to receive assistance (including, when feasible, from any court-appointed advocate for me) in interpreting and resolving any inaccuracies in my report.
- L) To have timely access to and be provided with the following when I am discharged from the child welfare system at age 18 years or older: an official, or certified copy of my United States birth certificate, a social security card issued by the Commissioner of the Department of Social Security, health insurance information, a copy of my medical records, and a driver's license or state identification card. To be provided with official documentation that I was in out-of-home placement if I age out of the child welfare system.
- M) To be provided with a transition plan before I am discharged from the child welfare system, at age 18 or older that is personalized at my direction, to include specific options on housing, health insurance, education, local opportunities for mentors, continuing support services, and work force supports and employment services.

This includes information about the importance of designating another individual to make health care treatment decisions on behalf of me if I become unable to participate in such decisions.

- N) To be informed that I can continue to voluntarily receive services after I turn 18 and up to 21 if I am eligible.
- O) To be informed of how I may raise concerns about my care and treatment. Refer to Section VI of this Youth Bill of Rights.
- P) To raise concerns or file a complaint about my treatment.

II. Health

- A) To take part in developing a plan for my medical and behavioral health treatment.
- B) To receive medical and dental care on a routine and emergency basis.
- C) To have access to mental health services, as needed, or as mandated.
- D) To be informed about my rights to consent to certain treatment and care on my own without a parent, guardian, or agency, including, but not limited to testing and treatment for sexually transmitted disease, contraception, and some behavioral healthcare.
- E) To be aware of and maintain contact with my assigned Child Health Nurse.
- F) To receive my health care records as requested, starting at age 18 and upon case closure.

III. Education

- A) To receive an appropriate education program which will maximize my potential.
- B) To have a voice in my education plan and when appropriate an Individualized Educational Plan (IEP) developed specifically for me (if the school district agrees it is appropriate), and to participate in the development of such a plan.
- C) To have access to my student record. If under 18, I must go through my CP&P Worker or caregiver to get my records. If 18 or older, I have the right to obtain a copy of my education record from my school district,
- D) To school stability, by remaining in the school that I attended before I entered placement or changed my placement, unless it is not in my best interest, and to immediate enrollment in my neighborhood school if I elect to attend that school.

IV. Court Involvement

- A) To be in contact with my Law Guardian Investigator, and (if appointed) my Court Appointed Special Advocate (CASA).
- B) To be informed of upcoming court and permanency hearings.
- C) To attend and participate in permanency hearings.
- D) To have transportation to attend my permanency hearings.

V. Visitation

- A) To visit my parents or legal guardian immediately after I have been placed outside of my family home and on a regular basis thereafter, and to otherwise maintain contact with my parents or legal guardian, and to receive assistance from the applicable department to facilitate that contact, including the provision or arrangement of transportation, as necessary.
- B) To visit with my sibling(s) on a regular basis and to otherwise maintain contact with my sibling(s) if I was separated from my sibling(s) upon placement outside my home, including provision or arrangement of transportation, as necessary.

VI. List of Important Names and Numbers Affiliated with My Case

Worker's Name and Contact Number:		
Supervisor's Name and Contact Number:		
Child Health Nurse's Name and Contact Number:		
Law Guardian's Name and Contact Number:		
Judge 's Name and Contact Number:		
DCF Office of Advocacy:	1-877-543-7864	askdcf@dcf.nj.gov

**Acknowledgement of Receipt and Understanding of the Youth Bill of Rights From the
New Jersey Department of Children and Families Division of Child Protection and Permanency**

I, _____
[Print the name of the child or youth] have received a copy of the Youth Bill of Rights and understand these rights which have been provided to me by the New Jersey Department of Children and Families, Division of Child Protection and Permanency.

Signature (youth)

Date