



Host Home Toolkit | November 2019

Roadmap to Graduation Student Agreement

The undersigned participant (“Participant”) hereby agrees to participate in the Mentor Home *Roadmap to Graduation Program* (the “Program”). Participant understands that the undersigned mentor(s) (whether singular or plural, the “Mentors”) will provide Participant with safe housing and training in life skills, provided that Participant remains enrolled and continues to attend school. Participant’s participation in the Program is voluntary and Participant may choose to leave the Program at any time.

Participant agrees to the following terms and conditions:

- The Mentors have discussed with Participant their expectations of Participant’s actions and behaviors while in the Program. They have clearly communicated to Participant the rules applicable to the Program (the “Rules”) and Participant agrees to follow the Rules.
- Participant shall not use or possess alcohol or any illegal substance while living with the Mentors at any time or place.
- Participant will be honest with and cooperate with the Mentors, the undersigned youth coordinator of the Program (the “Youth Coordinator”) and school faculty and staff.
- In the case of any change in employment, school enrollment, or living arrangement, Participant will promptly notify the Mentors, the Youth Coordinator, and Catholic Charities of Lenawee at [] 263-2191.
- If Participant does not have health insurance, Participant will promptly apply for it through the Department of Human Services with help from the Youth Coordinator.
- Participant will attend school regularly.

Participant understands that the Program is required to collect non-identifying data on all participants in the Program, and hereby consents to such collection. Participant understands that

failure to follow the Rules or the terms set forth in this agreement is grounds for immediate discharge from the Program.¹

Neither the Program, its staff nor the Mentors are responsible for lost or stolen personal items.

Participant:

Name: _____

Date: _____

Youth Coordinator:

Name: _____

Date: _____

Mentor:

Name: _____

Date: _____

Participant, please answer the following:

On this day, I am currently _____ years old. My birth date is _____.

I currently attend _____ School and am in the _____ grade.

I expect to graduate on _____.

¹ This paragraph requires further consideration to the extent there may be potential conflicts with HIPAA.

I am unable to continue to live at home because: (any information provided here will be kept anonymously for grant records only)
