

South Carolina Department of Social Services
FUNDING REQUEST FOR INDEPENDENT LIVING SERVICES

DEMOGRAPHIC INFORMATION
This page needs to be filled out in its entirety.

A. County/Regional Information

1. County to Receive Funding: Write the DSS County name that holds the IL bank account
2. County or Regional Office Submitting Application: If you work for DSS, which office do you work in?
3. Case Manager's Name: Foster Care or Aftercare worker's name Telephone: Foster Care or Aftercare worker's #
3a. Name of Requestor: (If non-SCDSS) Your printed name Telephone: Best contact phone number for you
3b. Relationship to Youth: (i.e., Foster Parent, Group Home Provider, etc.) Write "self" if you are applying for yourself
3c. Non-SCDSS Requestor's Email Address: If you do not work for SCDSS, write your name here
4. Supervisor's Name: Name of supervisor of case manager in #3 Telephone: Phone # for supervisor
5. Office Fax Number: Fax # for case manager

B. Youth's Information

1. Name of Youth: _____
2. Social Security Number: _____
3. Date of Birth: _____
4. Current Age: _____ Male Female
5. Youth's Email Address: _____
6. Date Entered Foster Care: _____
 - 6a. 18 years or above in care (check if youth lives in a SCDSS aftercare placement)
 - 6b. 18 years or above and out of care Date: ___/___/___ (check if youth does not live in SCDSS placement)
 - 6c. Youth's planned date to leave care Date: ___/___/___ (if youth will soon leave care)
 - 6d. Post-legal adoption placement date: ___/___/___ (date youth placed in SCDSS placement after adoption)
 - 6e. Adoption/Guardianship/Kinship Care Date: ___/___/___
Kinship/Guardianship Court Order Verified? Yes No (Did you look at the court order to verify the date in 6e?)
7. Current Placement: Regular Foster Care Therapeutic Foster Care Adopted Guardianship
 Kinship Care Adoption Preservation/Post-Legal After Care
Check if it applies
8. Length of Current Foster Care Placement: How long has youth been living in the current placement?
9. Was youth actively involved in the development of the case plan? Yes No
Answer yes if the youth had (and continues to have) opportunities to add his/her desires to the case plan goals & steps towards those goals. And if the youth was offered a chance to express desires for help achieving goals.

Date Request Denied: ___/___/___

Reason Request Denied: _____

INDIVIDUALIZED SERVICE REQUEST

A. Categories of Service Requested: (Check all that apply.) Attach documentation.

Daily Living Skills (5110010031)

- 1. Life Skills Classes
- 2. Mentoring Services
- 3. Esteem Building Activities
 - a. Team Sports
 - b. School Activities such as Chorus or Band
- 4. Summer Camp that builds IL skills and/or Spiritual Development

Adult Education (5110010032)

- 1. Adult Education
- 2. GED Program
- 3. Alternate Educ. School
- 4. Non-ETV College Coursework
- 5. Non-ETV Vocational Coursework
- 6. Tutoring for GED
- 7. Study Skills Training

Educational Support (5110010033)

- 1. Tutorial Services
- 2. Summer School
- 3. Books and/or Supplies for Specialized Classes
- 4. Educational Field Trips
- 5. Birth Certificate
- 6. Computer for College

Note: Attach CAPSS "Education" screen for all IL requests.

Senior Expenses (5110010034)

- 1. Graduation Invitations
- 2. Graduation Cap and Gown
- 3. Senior Pictures
- 4. Senior Ring
- 5. Yearbook
- 6. Diploma Plaque
- 7. Senior Fees
- 8. Senior Prom Ticket

Graduate Award (Complete form 30237)

Pre-College Expenses (5110010035)

- 1. SAT/ACT Fees
- 2. College Applications
- 3. SAT/ACT Preparation Classes
- 4. *College Bowl Sunday* Transportation

Special Recognition (5110010036)

- 1. Youth Conference
- 2. Honor/Award Travel
- 3. Governor's School Expenses
- 4. Conference Presentation
- 5. School-Selected Scholars Programs
- 6. State Championship Team Expense

Transportation (5110010037)

- 1. Driver's Education
- 2. Bicycles – school or work
- 3. Transportation to College
- 4. Home Visit from College
- 5. Transportation to Work/Job Skills Training
- 6. Car Repairs
- 7. Transportation to Adult Ed
- 8. Driver's License Fee, Permit Fee, State ID
- 9. Car Insurance Assistance

Employment Services (5110010038)

- 1. Certification Courses
- 2. Child Care/One Month
- 3. Interview Clothing
- 4. Uniforms and Footwear
- 5. Job Skills Training Classes
- 6. Vocational Equipment
- 7. Birth Certificate
- 8. Certification/Licensing Fees
- 9. Professional Attire for Work/College (18+ out of care)

Housing/Transition Expenses (5110010039)

- 1. Electric Deposit
- 2. Gas Deposit
- 3. Water Deposit
- 4. Telephone Deposit
- 5. Furniture
- 6. Rental Application Fee
- 7. Rental Deposit
- 8. Rental Assistance
- 9. Student Interim Housing
- 10. SIL Set-up Fees
- 11. Youth w/DDS or DMH Set-up Fees
- 12. Emergency Housing Assistance

B. What are the youth's independent living goals related to the requested services? (Attach Domain 8 or After Care dictation of IL goals)

Write why IL funds are needed to meet the IL goals (Example: Driver's Ed will help youth get license to drive to/from school and work. Senior items build self-esteem as a reminder of meeting the IL goal of completing high school. Housing expenses allow youth with the IL goal to maintain stable housing.)

C. List the cost for each item you've checked above.

Driver's Ed \$300.00, Grad Invites \$123.45, Cap & Gown \$83.00, Senior Pics \$200.00, High School Senior Ring \$300.00 Yearbook \$75.00, Rental Application \$100, Rent Deposit \$525.00, Electric Deposit \$150.00, Monthly Rental Assistance- \$2,812.50 (First 3 months \$625/mo, 4th month 468.75, 5th month \$312.50, 6th month \$156.25)

D. Were alternative funding sources explored? Yes No Were other ways to pay for the checked items searched before asking for IL funds?

E. If requesting housing assistance, attach the P.A.T.T.Y. (form 30206) and Emancipation Budget Analysis (form 30238).

Provide the date of the Transition Planning Meeting: _____

EDUCATION AND TRAINING VOUCHER APPLICATION

(For Post-Secondary Education Only)

- A. Was youth adopted after age 16? If yes, skip to Section B. Yes No
- Did youth leave care to court-ordered guardianship after age 16? Yes No
If yes, skip to Section B.
- Did youth leave care to kinship care after age 16? If yes, skip to Section B. Yes No
- Is Independent Living part of the youth's case plan? Yes No
- Is attendance in post secondary training part of the case plan? Yes No
- FAFSA completed? Yes No
- SC Need-based Grant Waiver Form completed? Yes No

B. ACADEMIC YEAR 20 ____ - 20 ____ (Note: Summer is attached to the year prior. i.e. summer 2017 is the 2016-2017 year)

Name of Institution: (Attach a copy of acceptance letter. If there is no letter, explain.) _____

Print post-secondary school name here

Year of Study: Freshman Sophomore Junior Senior Other: _____

Choice of Major: (If known) _____ Alternate: _____

Graduation Date: ____ / ____ / ____ Expected college graduation date

C. Name/Telephone of School Financial Aid Contact: Find out through school's financial aid office _____

Youth must sign & date showing that (s)he understands ETV is being used

Youth Signature: _____ Date: _____

State Office Independent Living Coordinator: _____ Date: _____

(State Office Use Only)

Annual Cost of Attendance for the Academic Year: \$ _____ Total Scholarships/Grants: \$ _____

Amount ETV Approved: \$ _____

SCHOLARSHIP FUNDING LISTED BELOW

Foster Youth may qualify for the following scholarships, grants and/or loans:

1. **Pell Grant:** Federal – (Criteria to be accepted at a technical college or university.)
2. **South Carolina Needs Based Grant:** (State – Criteria to be accepted at a technical college or university – any school. Additional funding available to youth who answer YES to the foster care question on the FAFSA and complete the Foster Care Waiver Form. www.che.sc.gov)
3. **Life Scholarship:** (State – Criteria requires a "B" or better GPA and a specific score on the SAT.)
4. **S.C. Tuition Grant:** (Private Colleges)
5. **Stafford Loan:** Two types – Federal – Means Test
 - A) No payment required until graduation at loan interest rate.
 - B) Requires interest payments annually or may defer, but at a higher interest rate than in (A) and can be used for living expenses.
6. **Orphan Foundation of America:** www.orphan.org
7. **Rowell Foster Foundation:** www.rowellfosterfoundation.org

The grants listed above should be researched for each youth. This list is not exhaustive.

SIGNATURE PAGE

This page must accompany all requests and be signed by the worker, his/her supervisor, or the non-SCDSS requestor. In completing the request, it is confirmed that the adolescent is 13 to 21 years of age and Independent Living services are incorporated in the current case plan. The requested services are based on an assessment of the adolescent's needs and stated goals and are deemed appropriate and necessary.

If you are completing this request and do not work for SCDSS, sign & date here

Signature of Non-SCDSS Requestor

Date

SCDSS case manager's signature & date

Case Manager's Signature

Date

SCDSS's case manager's signature & date

Supervisor's Signature

Date

(State Office Use Only)

Amount Approved: \$ _____ IL Funds: \$ _____ ETV Funds: \$ _____

Independent Living Coordinator

Date

Independent Living Supervisor

Date