

**APPLICATION FOR TRANSITIONAL SERVICES AVAILABLE IN THE
ENHANCED SUBSIDIZED GUARDIANSHIP/ADOPTION PROGRAM**

SERVICES REQUESTED (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Youth in College/Vocational Training | <input type="checkbox"/> Employment Incentive Program | <input type="checkbox"/> Cash Assistance for Housing |
| <input type="checkbox"/> Education and Transition Voucher | <input type="checkbox"/> Life Skills Program | <input type="checkbox"/> Housing Advocacy |

Application Instructions:

(For all services/programs, fill out section one (1) Applicant and Guardian Information and section eight (8), Referral Checklist.)

- To apply for Youth in College/Vocational Training (YIC/VT), fill out section two (2), section four (4) and section nine (9).
- To apply for Education and Training Voucher program (ETV), fill out section three (3) and section four (4).
- To apply for the Employment Incentive Program (EIP), fill out section four (4), section five (5), and section nine (9).
- To apply for Life Skills program fill out section seven (7).
- To apply for cash assistance or housing advocacy, follow instructions in section six (6).

SECTION ONE (1)

Applicant Information			
Date of Application:			
Youth Name:		DOB:	
Address:		Phone #:	
City:	County:	State:	Zip (required):

Guardian/Adoptive Parent Information			
Name:			
Address:		Phone #:	
City:	County:	State:	Zip (required):

SECTION TWO (2)

College/Vocational School Information		
<i>Please Check All That Apply:</i>		
<input type="checkbox"/> I will start college/vocational program next semester on _____		
<input type="checkbox"/> I am already in school at _____		
<input type="checkbox"/> I have submitted my FAFSA and received index number _____		
College/School Name: _____		
Address: _____		
City: _____	State: _____	Zip (required): _____
If Applicable, Youth's Campus Address: _____		
City: _____	State: _____	Zip (required): _____
Youth will spend breaks and holidays at: _____ _____		

Academic/Career Information	
What is your educational goal? _____ _____	
What do you plan to major in? _____	
Expected graduation date: _____	
GPA (for last semester, either high school or college: _____	
If you GPA is less than 2.0, what is your plan for earning at least a 2.0 in the YIC Program: _____ _____ _____	
Are you aware of the Education Advisors, and how they can assist you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION THREE (3)

Educational and Training Voucher	Amount Requested
Tuition (bill from school for current semester only)	\$
Fees (itemized list of expenses included)	\$
Apartment Rent	\$
Landlord's Name: _____ Phone: _____ Address: _____ _____	
College Housing (invoice from college)	\$
Books (invoice from bookstore or copy of receipts)	\$
Supplies (copy of receipts)	\$
Required Equipment (Vocation Training only)	\$
*ETV funds cannot be used to purchase a computer or automobile	
Uniform (Vocational Training or Employment only)	\$
Transportation (Bus pass per month or copy of receipt)	\$
TOTAL AMOUNT OF ETV FUNDS REQUESTED	\$

SECTION FOUR (4)

Budgeting			
Please estimate your income and expenses per <input type="checkbox"/> semester OR <input type="checkbox"/> per month (Please check one)			
	Income		Expenses
Financial Aid	_____	Tuition/Fees	_____
YIC/VT Stipend	_____	Housing/Rent	_____
EIP	_____	Food /Meal Plan	_____
Work	_____	Transportation	_____
Scholarship(s)	_____	Other costs	_____
Other Income	_____	TOTAL	_____
TOTAL	_____		
If your expenses are more than your income, what is your plan? _____ _____ _____			
If something happens to your stipend or you have a financial emergency, what is your contingency plan? _____ _____			

SECTION FIVE (5)

Employment Incentive/Certified Job Training Program

Please Check All That Apply:

- I am a high school graduate or I have a GED
- I have been employed for at least one month
- I have been accepted into a certified job training program

Name of Employer or Job Training Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone#: _____

Number of hours employed weekly: _____

Date started employment or job training program: _____

Date of completion for certified job-training program: _____

What vocation or trade is youth learning in certified job training program? _____

SECTION SIX (6)

Youth Housing Advocacy/Cash Assistance

Please complete DCFS form CFS 370-5, Request for Cash Assistance and/or Housing Advocacy and forward to:

Youth Housing Assistance Coordinator
Department of Children and Family Services
160 North LaSalle
Chicago, Illinois 60601
Phone #: 312-814-5571
Fax #: 312-814-7134

SECTION SEVEN (7)

Life Skills

Type of Service Requested (Check All That Apply)

- Life Skills Classes (Cook County)
- Life Skills Classes (Downstate)

SECTION EIGHT (8)

Referral Checklist

- Completed Application
- College Registration/Class Schedule
- Financial Aid Decision
- Proof of Employment
- Proof/Registration Job Training Program
- Completed CFS 370
- Copy of Signed Service Agreement
- Copy of High School diploma or GED certificate

SECTION NINE (9)

**Youth in College/Vocational Training/Employment Incentive Program (YIC/VT/EIP)
SERVICE AGREEMENT**

READ THIS CAREFULLY, - SHOULD YOU HAVE ANY QUESTIONS, PLEASE CLARIFY THEM BEFORE SIGNING BELOW

I, _____ agree to the following conditions as part of my participation in the Youth in College/Vocational Training/Employment Incentive Program:

- On-going enrollment in college/trade school/job training program (summer school is not required);
- Maintain full-time required student status (12 semester/quarter hours), full-time employment (at least 20 hrs per week), or job training;
- Maintain a “C” (or 2.0) grade point average (GPA); or worker in good standing;
- Send an official copy of my class schedule and grades each semester or quarter immediately after receiving them, or no longer than 2 weeks. I understand that failure to send grades and schedules into the Office of Education & Transition (OETS) Business Office will result in my monthly stipend being held until they are received; or a copy of check stubs each month;
- Inform the OETS Business Office when I change addresses or withdraw from classes;
- If I withdraw from classes, do not maintain a C grade point average, take less than 12 credit hours, quit my job, or begin working less than 20 hours I will be required to complete an updated academic or employment plan and the monthly stipend may be discontinued;
- Complete and return an annual survey/evaluation of the Program(s) I am participating in.

The BENEFITS of the Youth in College/Vocational Training or Employment Incentive Program are:

- 1) An Illinois medical card until the 21st birthday;
- 2) A monthly stipend as determined by current policy for YIC/VT or for EIP if the conditions above are met;
- 3) Reimbursement is available for books not covered by financial aid;
- 4) Up to 4 years of eligibility not to exceed the 23rd birthday for YIC/VT; not to exceed the 21st birthday for EIP;
- 5) The assistance of Education Advisors should you need them.

I UNDERSTAND THAT:

- DCFS is unable to pay for any outstanding balances or expenses not covered by financial aid;
- If I take on loans, I will be responsible to pay for the loans I incur. DCFS will not pay for any loan balances;
- Assistance for book payment is available through the Book Reimbursement Program if books are not covered by financial aid;
- The Youth in College/Vocational Training (YIC/VT) benefits are available during the summer if participating in an approved program;
- The Youth in College/Vocational Training program does not cover tuition, room and board, housing, supplies, etc;
- If my GPA falls below a 2.0 (or “C”), I agree to obtain educational support/tutoring on campus in order to maintain my eligibility for the program;
- If I stop attending classes without a formal withdrawal, tuition and fees for those classes are still owed to the college, and DCFS will not pay for those charges;
- My stipend may be held if the annual survey/evaluation is not returned in a timely manner;
- Failure to cooperate may result in suspension or termination from the program.

Youth’s Signature

Date