

State of Illinois
Department of Children and Family Services

Youth in College/Vocational Training Application

Part I - Completed by Caseworker

Program Type: College/University Vocational School Community College

Applicant's Information

Date of Application:		YIC/VT Program Start Date:	
Youth's Name:	ID#:	DOB:	Age:
CURRENT Address:		Apt#:	
City:	State:	Zip (Required):	
Cellular Telephone: () -	Home Telephone: () -	Email:	
Caseworker's Name:	Agency:	Region/Site/Field:	
AGENCY Address:			
City:	State:	Zip (Required):	
Facsimile: () -		Telephone: () -	
Youth's CAMPUS Address (If different from above):		Apt#:	
City:	State:	Zip (Required):	
Medicaid Health Care and Pharmacy Providers:			
Date Youth Enrolled:		Health Care and Pharmacy Contact Information:	

College/Vocational School Information

Check all that apply:	<input type="checkbox"/> Youth will attend college/vocational school orientation program with _____.
	<input type="checkbox"/> Youth has started classes and is no longer living in a Department funded placement.
	<input type="checkbox"/> Youth is nearing age 21.
	<input type="checkbox"/> Youth has previously been enrolled in the YIC/VT Program. Dates: _____
	<input type="checkbox"/> Youth has enrolled in a community college program.
	<input type="checkbox"/> Youth has submitted a CFS 407-3 to the community college.
<input type="checkbox"/> Youth is planning on returning to a Department funded placement during breaks and holidays.	
Name of College/University/Vocational School:	
Address:	
City:	State: Zip: Telephone: () -

Service Linkages

Check all that apply: The youth has a grade point average below 2.0 and will require tutoring.
 The youth requires mental health services.
 The youth requires alcohol/substance abuse services.
 The youth had an Individual Education Plan in high school and will require specialized assistance.
 The youth requires specialized medical services.
 Other: _____

Identify the resources that have been put in place to meet the youth's identified needs. _____

Part II – Completed by Applicant

Career and Academic Information

What is your educational or vocational goal?
 What subjects or types of work are you interested in?
 What is your major?
 What type of vocational training do you plan on taking?
 What types of jobs have you had?
 When do you expect to graduate from college or complete your vocational training?
 Have you met with your college or vocational school academic advisor? Yes No
 If yes, what courses did your advisor recommend that you take? _____

 If you just completed high school, was your grade point average 2.0 or higher? Yes No
 If you completed a semester of college or vocational school, was your grade point average 2.0 or higher? Yes No
 If you answered no to either situation, you are required to submit a **CFS 449-1, GPA Education Plan**, with your application.
 What types of extracurricular activities or services are available at your school that you plan to use or participate in?
 Tutoring Study Groups Counseling Clubs Sports Religious Groups Other:

Budgeting

Estimate your income and expenses for a four-month period using the categories listed below. Use "other" to identify and list any income or expenses not identified by the form. Attach a sheet of paper if you need additional space. Total your income and expenses on the lines provided.

Income		Expenses	
Employment Income	\$	Housing/Rent	\$
YIC/VT Monthly Grant	\$	Food/Meal Plan	\$
Scholarships	\$	Transportation	\$
Financial Aid	\$	Tuition	\$
Other Income	\$	Books & Supplies	\$
	\$	Debts *	\$
	\$	Other Expenses (Itemize)	\$
	\$		\$
Total	\$	Total	\$

Date FAFSA form submitted:
 Financial aid awards letter is attached to the application. Yes No

If your monthly expenses exceed your income, what is your plan to balance your budget? _____

If something happens to your monthly grant or you have a financial emergency, what is your contingency or back-up plan?

*To whom do you owe the debt or debts? What is repayment plan? _____

Health and Dental Services

I know how to how to access the health, dental, pharmacy and emergency care services in the community where I will be attending school. Yes No

If you are approaching age 21, have you and your caseworker planned how you will receive medical services without the DCFS issued medical card? Yes No

Part III - Signatures

Applicant:	Date:
Caseworker:	Date:
Casework Supervisor:	Date:

Application Checklist

Completed by Caseworker

<input type="checkbox"/> All sections of the application have been completed.	<input type="checkbox"/> Youth's college/vocational school address given.	<input type="checkbox"/> Application signed by the youth, caseworker and casework supervisor.
<input type="checkbox"/> A copy of the youth's class schedule/registration is attached	<input type="checkbox"/> Transcript of the youth's college or vocational grades attached.	
<input type="checkbox"/> Financial aid and scholarship decision letters attached.	<input type="checkbox"/> Service linkage information entered on the application.	

Note: A copy of the application should be retained in the youth's case record, and a copy should be given to the youth for his or her records.

Part IV - Service Agreement and CFS 600-3

Instructions for Completing the Service Agreement

You are required to read the YIC/VT Program Service Agreement before signing it. If you have any questions about the form, direct them to your caseworker.

Instructions for Completing the CFS 600-3 (Consent for Release of Information)

Your caseworker is required to review this form with you and answer your questions.

After all sections of the form have been completed, sign and date the form. If you are under the age of 18, the DCFS Guardianship Administrator or DCFS Authorized Agent must also sign and date the form. If you are age 18 or over and have not been declared incompetent by a court of law, only your signature is required. The consent will expire one year from the date you sign it.

A witness who is familiar with you must also sign and date the consent form. The witness should be someone other than your caseworker.

YIC/VT PROGRAM SERVICE AGREEMENT

Do not sign this service agreement until you have read and understand its content. Refer any questions you have about the agreement to your caseworker.

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

- Remain a full-time student;
- Enroll for 12 credit hours during the fall and spring semesters or six credit hours during the summer semester;
- Maintain a “C” (2.0) grade point average (GPA). I understand that if my grades fall below a “C” I will be required to complete an academic plan. I also understand that if my grade point average remains below a 2.0 for two consecutive grading periods that I may be discharged from the YIC/VT Program;
- Send an official copy of my grades to Office of Education & Transition (OETS) Business Office within two weeks after I receive them. I understand that if I fail to do this that I may be suspended from the program;
- Notify the OETS Business Office when I change my address or withdraw from classes;
- Complete and return the YIC/VT Program annual survey/evaluation;
- Cooperate with my caseworker. Cooperation includes, but is not limited to, my participation in the development of my service plan; completing the tasks established in my service plan; adhering to the in-person and telephone schedule of contacts with my caseworker; completing required health exams; and providing the required health and academic documentation to my caseworker for inclusion with my service plans submitted for administrative case reviews; and
- Complete and submit the FAFSA every year as soon after January 1 as possible. I understand that I am to use my financial aid monies for school expenses. I also understand that if I do not use my financial aid for school expenses I may incur debt.

I will receive the following BENEFITS as a participant in the Youth in College/Vocational Training Program if I fulfill the conditions listed above:

- An Illinois medical card until my 21st birthday;
- A monthly grant of \$458.00;
- Reimbursement for books through my Education & Training Voucher monies;
- Up to four years of eligibility that may not exceed my 23rd birthday;
- Services and assistance as required from my caseworker and/or Department Education Advisors;
- \$ 107.00 per month, per child in addition to the YIC/VT Program monthly grant if I am a parenting youth under the age of 21.

I understand that:

- Students that begin the YIC/VT Program at age 21 will only be eligible to receive monthly grant benefits through the semester that they turn 23 years of age.
- **DCFS will not pay** any debt that I incur while in the YIC/VT Program. I am responsible for payment of any credit card debt or loans that I incur.
- My Education & Training Voucher (ETV) monies will be used to purchase needed books. I am eligible for up to \$5,000 of ETV monies per State Fiscal Year for eligible school expenses.
- The Youth in College/Vocational Training Program benefits are available during the summer for students who enroll in at least 6 credit hours or who participate in a college or vocational program sanctioned internship.
- I am responsible for participating in educational support/tutoring offered by my school in order to maintain a “C” grade point average.
- It is my responsibility to formally withdraw from classes that I cannot complete or I will incur debt.
- If I fail to comply with any of the YIC/VT Program requirements, I may be suspended or discharged from the program.

Applicant’s Signature

Date

State of Illinois
Department of Children and Family Services

CONSENT FOR RELEASE OF INFORMATION

- 1. I, _____, hereby give consent to:
- 2. DCFS Office of Education and Transition Service _____
(Provider of Information) (Address)
- 3. to release information concerning DCFS release of my social security number _____ B.D. NA
- 4. to: the National Student Clearinghouse website (www.studentclearinghouse.org) _____

TYPE OF INFORMATION
(CIRCLE)

- 5. Medical (specify): _____
- 6. Mental Health (specify): _____
- 7. Education: for verification of full time enrollment _____
- 8. Social History/Assessment (specify): _____
- 9. Financial (specify): _____
- 10. Other (specify): _____
- 11. THE PURPOSE FOR REQUESTING THIS INFORMATION IS: verify eligibility for the YIC/VT Program _____
- 12. **Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether or not the consent is signed by the client or his/her personal representative. HOWEVER, I UNDERSTAND THAT IF I REFUSE TO CONSENT, THE FOLLOWING MAY HAPPEN:** Denial of admission to the YIC/VT Program _____

I understand that I have the right to inspect and copy the information disclosed, except for certain adoption records, certain information regarding the identity of a source of information or the location of the child, or under certain circumstances where information was received from a minor under a promise of confidentiality.

I understand that I may revoke this consent at any time by notifying the Provider of Information listed in Line 2 above in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent. I also understand that, even if I do not revoke this consent, the consent will expire one year from the date provided on line 15 or line 16 below.

13. _____
Signature of Minor 12 to 17 years of age Date

14. Further, I, _____, the parent, or the legal guardian or custodian, appointed pursuant to 705 ILCS 405/2-11 or 705 ILCS 405/2-27, am authorized to act on behalf of the individual minor, _____, and I hereby consent to this limited disclosure under the terms stated above. The legal guardian or custodian or parent is the legal representative of the un-emancipated minor, pursuant to HIPAA, 45 CFR 164.502(g), unless otherwise required by law.

15. _____
Signature of Parent, Guardian, or Authorized Agent Date
Address _____

16. _____
Signature of Adult Consenting to Release of Own Records Date
Address _____

17. _____
Signature of Witness Relationship Date

REDISCLASURE CONSENT: The information to be disclosed is confidential and is provided only to the party specified in the above consent. The receiving party cannot redisclose the information, with the exception of reports and other information that is required to be released to the court and certain parties to juvenile court proceedings as authorized by the Juvenile Court Act, 705 ILCS 405: **I (we) hereby consent to redisclosure to:**

(if none other, enter "none other")

Signature of Consenting Party Date

Signature of Minor (Age 12 years and older) Date

See reverse side of form for instructions

INSTRUCTIONS FOR COMPLETING THE CFS 600-3

- Line 1:** Enter the name of the person giving consent.
- Line 2:** Enter the name and address of the facility or person that is the custodian of the information requested. It may be necessary to prepare a consent form for each provider if there are multiple providers with medical, mental health or substance abuse records that need to be released.
- Line 3:** Enter the name and date of birth of the person whose records or information will be released. Prepare a separate consent form for each person whose records are to be released.
- Line 4:** Enter the name and address of the agency or person to which the information will be released. Do not use specific names to avoid problems in the event of case transfers, job changes, etc. If it will be necessary to share the information beyond DCFS, the private agency or contractor, the Redislosure Consent section at the bottom of the form must be completed. Without consent for redislosure it may be necessary to prepare additional consent forms to authorize redislosure.
- Lines 5-10:** Enter the specific type of information to be released. Include relevant years of treatment/services. The law prohibits blanket consents. The consent should cover all documents **relevant** to the purpose for which the information is requested. You do not need to know of the existence of a particular document to request it. There should be a correlation between the type of information requested and the reason(s) for the request entered on line five. For example, if the purpose for the request is to assess parenting capabilities, the information requested must relate to the individual's ability to function or to parent, which may include therapist's notes, reports or other mental health information.
- Line 11:** Enter the reason for requesting the information. Frequently used reasons include:
- casework planning;
 - provision of social services;
 - evaluation for purposes of service planning/placement/licensing decisions;
 - assessment of parenting capabilities;
 - to assess progress in treatment;
 - to assist in determining whether abuse or neglect occurred;
 - to assess safety risks or identify risk factors that could impair the child's safety;
 - to determine prognosis for change; and
 - to determine appropriate visitation.
- Line 12:** Enter the consequences that will be imposed by the Department if the person refuses to consent. Such consequences may include:
- Worker may attempt to screen case into court;
 - Worker may seek a court order for disclosure;
 - Worker may recommend to the court that the child be removed;
 - Worker may be unable to recommend expanded visitation to the court;
 - Visitation may be denied or delayed;
 - Reunification may be denied or delayed;
 - The Department will be unable to assess for provision of services;
 - The Department may weigh failure to consent in determining whether the parent is compliant with services or has completed tasks satisfactorily;
 - The Department may make adverse decisions concerning foster children in your care; or
 - Any other valid consequence.
- Workers may not suggest or imply adverse consequences to clients beyond those that the Department can actually impose. In addition, no adverse consequence would flow from failure to consent unless the information sought is reasonably needed by the Department in fulfillment of legitimate departmental functions (i.e., investigating abuse or neglect allegations, providing follow-up services, determining appropriate placement or permanency goal, supporting termination of parental rights or licensure).
- Line 13:** After all sections of the form have been completed, have the appropriate person sign and date the form. If the records are for an adult, the adult should sign on line 17. If the child is a ward, the DCFS Guardianship Administrator or DCFS Authorized Agent should sign and date the form, and enter the address.
- Children 12 years of age and older are required to sign and date the consent in addition to their parent or guardian when their mental health information and information regarding birth control services, pregnancy, treatment for sexually transmissible diseases or drug or alcohol abuse treatment is requested. If a Department ward is age 18 or over and has not been declared incompetent by a court of law, only the ward may consent to release of his/her personal information.
- Line 14-15:** Enter the signature, date and address of the person giving consent to the person whose information is requested. If the person is signing as a child's parent, he/she should sign Line 15 only, not Line 17. The consent will expire one year from the date signed.
- Line 16:** . Enter the signature, date and address of the adult when the adult is consenting to the release of his/her own records. When using this form to request information for an adult's records, no information for a child should be requested on the same form. The consent will expire one year from the date signed.
- Line 17:** A witness who is familiar with the person giving consent must sign and date the consent form when mental health information is requested. The witness should be someone other than the worker

Redislosure Consent: This section must be completed when the information will be shared with persons outside of the Department or private agency or contractor named on line 4. For information referenced in line 15 of the instructions, the same procedures must be followed for redislosure.