

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES
YOUTH DEVELOPMENT SERVICES DIVISION
REQUEST FOR INDEPENDENT LIVING PROGRAM (ILP) SERVICES**

Request Date: _____

Dear Transition (ILP) Coordinator: _____

I am _____ requesting assistance from ILP for the following
(Print Name)

- | | |
|------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Graduation Expenses | <input type="checkbox"/> Dorm or Apartment Start-Up Expenses |
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Rent ** |
| <input type="checkbox"/> Books & Supplies* | <input type="checkbox"/> Rent Deposit Reimbursement ** |
| <input type="checkbox"/> School Clothes** | <input type="checkbox"/> School or Exam Fees Reimbursement |
| <input type="checkbox"/> Transportation (<i>pass, tokens or airfare</i>)** | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Work Clothes** | |

***Funds are restricted to high school, college or vocational students**

****Funds are restricted to ILP eligible youth that have exited the foster care system**

Reason for Request:

Attached documents verify need:

- | | |
|---------------------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> School Enrollment Documents |
| <input type="checkbox"/> Financial Aid Letter | <input type="checkbox"/> Letter From Counselor |
| <input type="checkbox"/> Cost Estimate | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> Lease/Rent Agreement
(<i>original signatures</i>) | <input type="checkbox"/> Other: _____ |

Thank you,

(Signature)

(Print name)

Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Last 4 Digits of Your Social Security No: _____ Date Of Birth: _____

Name of Children's Social Worker/Deputy Probation Officer: _____

Phone number for Children's Social Worker/Deputy Probation Officer: _____

Note: You must provide the required documentation necessary for your request to be processed. A request cannot be processed if there is no funding available or your request is incomplete. This is only a request for services and in and of itself is not a promise or guarantee that services will be granted.