

# Request for ILP Services

Date: \_\_\_\_\_

Dear Transition Coordinator: \_\_\_\_\_

I am requesting assistance from ILP with the following

- |                                              |                                                            |
|----------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> books, supplies*    | <input type="checkbox"/> dorm or apt. start-up expenses    |
| <input type="checkbox"/> work clothes**      | <input type="checkbox"/> rent (emancipated youth)          |
| <input type="checkbox"/> school clothes*     | <input type="checkbox"/> rent deposit reimbursement        |
| <input type="checkbox"/> transportation**    | <input type="checkbox"/> high school diploma/GED incentive |
| <input type="checkbox"/> graduation expenses | <input type="checkbox"/> school or exam fees reimbursement |
| <input type="checkbox"/> tuition             | <input type="checkbox"/> other                             |

\*funds for books, supplies, school clothes, and transportation are for college/voc. school

\*\*funds for work clothes and transportation not available for group home residents.

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached documents to verify need:

- |                                               |                                                      |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> paystubs             | <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 | <input type="checkbox"/> other: _____                |

Thank you.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ City: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Children's Social Worker/Deputy Probation Officer: \_\_\_\_\_