

**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 Award Letter                             | <input type="checkbox"/> Letter from Counselor       |
| <input type="checkbox"/> Cost Estimate  | <input type="checkbox"/> Original Receipts           |
| <input type="checkbox"/> Lease/Rent Agreement<br>( <i>original signatures</i> ) | <input type="checkbox"/> Other: _____                |

Thank you,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print name)

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Mailing Address (where you would like the check mailed):

\_\_\_\_\_  
Apt # \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Student ID# (if applicable): \_\_\_\_\_

Name and phone # of CSW/DPO (if applicable): \_\_\_\_\_

**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 or funds will be granted.