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

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:	Request Date:		
Graduation Expenses Dorm or Apartment Start-Up Expenses Tuition Rent ** Books & Supplies* Rent Deposit Reimbursement ** School Clothes** School or Exam Fees Reimbursement Transportation (pass, tokens or airfare)** Other Work Clothes** 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: School Enrollment Documents Financial Aid Letter Letter From Counselor Cost Estimate Receipts Lease/Rent Agreement (original signatures) 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: Date Of Birth: Name of Children's Social Worker/Deputy Probation Officer: Date Of Birth: Da	Dear Transition (ILP) Coordinator:	 	
Tuition	I am(Print Name)	_ requesting assi	istance from ILP for the following
Books & Supplies*	Graduation Expenses	_	partment Start-Up Expenses
School Clothes** School or Exam Fees Reimbursement	Tuition	☐ Rent **	
Transportation (pass, tokens or airfare)** Other	☐ Books & Supplies*	Rent Deposit Reimbursement **	
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: Pay Stubs School Enrollment Documents Financial Aid Letter Letter From Counselor Cost Estimate Receipts Lease/Rent Agreement (original signatures) Thank you, (Signature) 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:	School Clothes**	School or Exam Fees Reimbursement	
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requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following requesting assistance from ILP for the following Rent ** Rent Deposit Reimbursement ** School or Exam Fees Reimbursement sopration (pass, tokens or airfare)**			
Pay Stubs School Enrollment Documents Letter From Counselor Letter From Counselor Receipts Other: Cost Estimate	Reason for Request:		
Address:	Pay Stubs Financial Aid Letter Cost Estimate Lease/Rent Agreement (original signatures)		Letter From Counselor Receipts
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:	(Signature)		(Print name)
Last 4 Digits of Your Social Security No: Date Of Birth: Name of Children's Social Worker/Deputy Probation Officer:			
Name of Children's Social Worker/Deputy Probation Officer:			
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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.