

South Carolina Department of Social Services  
**FUNDING REQUEST FOR INDEPENDENT LIVING SERVICES**

**DEMOGRAPHIC INFORMATION**  
This page needs to be filled out in its entirety.

A. County/Regional Information

1. County to Receive Funding: \_\_\_\_\_
2. County or Regional Office Submitting Application: \_\_\_\_\_
3. Case Manager's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
  - 3a. Name of Requestor: (If non-SCDSS) \_\_\_\_\_ Telephone: \_\_\_\_\_
  - 3b. Relationship to Youth: (i.e., Foster Parent, Group Home Provider, etc.) \_\_\_\_\_
  - 3c. Non-SCDSS Requestor's Email Address: \_\_\_\_\_
4. Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Office Fax Number: \_\_\_\_\_

B. Youth's Information

1. Name of Youth: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Current Age: \_\_\_\_\_  Male  Female
5. Youth's Email Address: \_\_\_\_\_
6. Date Entered Foster Care: \_\_\_\_\_
  - 6a.  18 years or above in care
  - 6b.  18 years or above and out of care Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 6c. Youth's planned date to leave care Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 6d. Post-legal adoption placement date: \_\_\_\_/\_\_\_\_/\_\_\_\_
  - 6e. Adoption/Guardianship/Kinship Care Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Kinship/Guardianship Court Order Verified?  Yes  No
7. Current Placement:  Regular Foster Care  Therapeutic Foster Care  Adopted  Guardianship  
 Kinship Care  Adoption Preservation/Post-Legal  After Care
8. Length of Current Foster Care Placement: \_\_\_\_\_
9. Was youth actively involved in the development of the case plan?  Yes  No

Date Request Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason Request Denied: \_\_\_\_\_

# INDIVIDUALIZED SERVICE REQUEST

A. Categories of Service Requested: (Check all that apply.) Attach documentation.

**Daily Living Skills (5110010031)**

- 1. Life Skills Classes
- 2. Mentoring Services
- 3. Esteem Building Activities
  - a. Team Sports
  - b. School Activities such as Chorus or Band
- 4. Summer Camp that builds IL skills and/or Spiritual Development

**Adult Education (5110010032)**

- 1. Adult Education
- 2. GED Program
- 3. Alternate Educ. School
- 4. Non-ETV College Coursework
- 5. Non-ETV Vocational Coursework
- 6. Tutoring for GED
- 7. Study Skills Training

**Educational Support (5110010033)**

- 1. Tutorial Services
- 2. Summer School
- 3. Books and/or Supplies for Specialized Classes
- 4. Educational Field Trips
- 5. Birth Certificate
- 6. Computer for College

**Note:** Attach CAPSS "Education" screen for all IL requests.

**Senior Expenses (5110010034)**

- 1. Graduation Invitations
- 2. Graduation Cap and Gown
- 3. Senior Pictures
- 4. Senior Ring
- 5. Yearbook
- 6. Diploma Plaque
- 7. Senior Fees
- 8. Senior Prom Ticket

**Graduate Award (Complete form 30237)**

**Pre-College Expenses (5110010035)**

- 1. SAT/ACT Fees
- 2. College Applications
- 3. SAT/ACT Preparation Classes
- 4. *College Bowl Sunday* Transportation

**Special Recognition (5110010036)**

- 1. Youth Conference
- 2. Honor/Award Travel
- 3. Governor's School Expenses
- 4. Conference Presentation
- 5. School-Selected Scholars Programs
- 6. State Championship Team Expense

**Transportation (5110010037)**

- 1. Driver's Education
- 2. Bicycles – school or work
- 3. Transportation to College
- 4. Home Visit from College
- 5. Transportation to Work/Job Skills Training
- 6. Car Repairs
- 7. Transportation to Adult Ed
- 8. Driver's License Fee, Permit Fee, State ID
- 9. Car Insurance Assistance

**Employment Services (5110010038)**

- 1. Certification Courses
- 2. Child Care/One Month
- 3. Interview Clothing
- 4. Uniforms and Footwear
- 5. Job Skills Training Classes
- 6. Vocational Equipment
- 7. Birth Certificate
- 8. Certification/Licensing Fees
- 9. Professional Attire for Work/College (18+ out of care)

**Housing/Transition Expenses (5110010039)**

- 1. Electric Deposit
- 2. Gas Deposit
- 3. Water Deposit
- 4. Telephone Deposit
- 5. Furniture
- 6. Rental Application Fee
- 7. Rental Deposit
- 8. Rental Assistance
- 9. Student Interim Housing
- 10. SIL Set-up Fees
- 11. Youth w/DDSN or DMH Set-up Fees
- 12. Emergency Housing Assistance

B. What are the youth's independent living goals related to the requested services? (Attach Domain 8 or After Care dictation of IL goals)

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C. List the cost for each item you've checked above.

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D. Were alternative funding sources explored?  Yes  No

E. If requesting housing assistance, attach the P.A.T.T.Y. (form 30206) and Emancipation Budget Analysis (form 30238).

Provide the date of the Transition Planning Meeting: \_\_\_\_\_

# EDUCATION AND TRAINING VOUCHER APPLICATION

(For Post-Secondary Education Only)

- A. Was youth adopted after age 16? If yes, skip to Section B.  Yes  No  
Did youth leave care to court-ordered guardianship after age 16?  Yes  No  
If yes, skip to Section B.  
Did youth leave care to kinship care after age 16? If yes, skip to Section B.  Yes  No  
Is Independent Living part of the youth's case plan?  Yes  No  
Is attendance in post secondary training part of the case plan?  Yes  No  
FAFSA completed?  Yes  No  
SC Need-based Grant Waiver Form completed?  Yes  No

B. ACADEMIC YEAR 20 \_\_\_\_ - 20 \_\_\_\_

Name of Institution: (Attach a copy of acceptance letter. If there is no letter, explain.) \_\_\_\_\_

Year of Study:  Freshman  Sophomore  Junior  Senior  Other: \_\_\_\_\_

Choice of Major: (If known) \_\_\_\_\_ Alternate: \_\_\_\_\_

Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

C. Name/Telephone of School Financial Aid Contact: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Office Independent Living Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## (State Office Use Only)

Annual Cost of Attendance for the Academic Year: \$ \_\_\_\_\_ Total Scholarships/Grants: \$ \_\_\_\_\_

Amount ETV Approved: \$ \_\_\_\_\_

## SCHOLARSHIP FUNDING LISTED BELOW

Foster Youth may qualify for the following scholarships, grants and/or loans:

1. **Pell Grant:** Federal – (Criteria to be accepted at a technical college or university.)
2. **South Carolina Needs Based Grant:** (State – Criteria to be accepted at a technical college or university – any school. Additional funding available to youth who answer YES to the foster care question on the FAFSA **and** complete the Foster Care Waiver Form. [www.che.sc.gov](http://www.che.sc.gov))
3. **Life Scholarship:** (State – Criteria requires a "B" or better GPA and a specific score on the SAT.)
4. **S.C. Tuition Grant:** (Private Colleges)
5. **Stafford Loan:** Two types – Federal – Means Test  
A) No payment required until graduation at loan interest rate.  
B) Requires interest payments annually or may defer, but at a higher interest rate than in (A) and can be used for living expenses.
6. **Orphan Foundation of America:** [www.orphan.org](http://www.orphan.org)
7. **Rowell Foster Foundation:** [www.rowellfosterfoundation.org](http://www.rowellfosterfoundation.org)

The grants listed above should be researched for each youth. This list is not exhaustive.

# SIGNATURE PAGE

This page must accompany all requests and be signed by the worker, his/her supervisor, or the non-SCDSS requestor. In completing the request, it is confirmed that the adolescent is 13 to 21 years of age and Independent Living services are incorporated in the current case plan. The requested services are based on an assessment of the adolescent's needs and stated goals and are deemed appropriate and necessary.

\_\_\_\_\_  
Signature of Non-SCDSS Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## (State Office Use Only)

Amount Approved: \$ \_\_\_\_\_ IL Funds: \$ \_\_\_\_\_ ETV Funds: \$ \_\_\_\_\_

\_\_\_\_\_  
Independent Living Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Independent Living Supervisor

\_\_\_\_\_  
Date