Reset

South Carolina Department of Social Services
Independent Living Program

SHOWER REQUEST FORM

If you are interested in a college/emancipation shower, fill out this form and mail or fax it, along with a list of items that youth will need to:

South Carolina Foster Parent Association
Attn: Lisa Franklin
P.O. Box 39
Elgin, SC 29045
803-865-2020 (Phone/Fax)
800-240-8189 (Cell)

❑ College: (Name of college) _____
❑ Emancipation

Date: _____ Date Needed: _____

Name of Requestee: _____

Requestee's Address: _____

_____

Requestee's Telephone: _____

Caseworker: _____

Caseworker's Telephone: _____

List of Needed Items: _____