## Section I: Pre-Application Determination

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently age 18 or older?</td>
<td>Yes (proceed to next question)</td>
<td>No (do not proceed)</td>
<td></td>
</tr>
<tr>
<td>What is your current age? <em>(if 18-20 years of age, please proceed)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you currently residing in Kansas?</td>
<td>Yes (proceed to next question)</td>
<td>No (do not proceed)</td>
<td>I need help finding this information. <em>(proceed to next question)</em></td>
</tr>
<tr>
<td>Were you in an out of home placement at age 14 or older?</td>
<td>Yes (proceed to next question)</td>
<td>No (do not proceed)</td>
<td>I need help finding this information. <em>(proceed to next question)</em></td>
</tr>
</tbody>
</table>

*If any questions are “do not proceed,” direct to resources page.*
## Section II: Application

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td></td>
</tr>
<tr>
<td>Middle name:</td>
<td></td>
</tr>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>Legal name while in custody, if different than current name:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Social Security Number:</td>
<td></td>
</tr>
<tr>
<td>Mailing address:</td>
<td></td>
</tr>
<tr>
<td>Phone number: <strong>May we send text messages to this number?</strong></td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
</tbody>
</table>

### Gender (select one):
- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Other: ______________________
- ☐ Prefer Not to Say

### Race (select all that apply):
- ☐ American Indian/Native Alaskan
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/Caucasian
- ☐ Other: ______________________
- ☐ Prefer Not to Say

### Ethnicity (select one):
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Prefer Not to Say

### In which child welfare or juvenile justice system did you experience custody? (select all that apply):
- ☐ Kansas Department for Children and Families (formerly known as Social and Rehabilitation Services)
- ☐ Kansas Department of Corrections- Juvenile Services (formerly known as Juvenile Justice Authority)
- ☐ Tribal Authority in Kansas
- ☐ Other: ______________________
- ☐ I was in custody in another state

### In what state(s) were you in custody?
When were you in custody? Please estimate if you do not know the exact dates. If you experienced custody on more than one occasion, please provide information for the most recent experience.

| Start date: ________________ | End date: ________________ |

How long were you in custody? (less than one year, or 1-20 years)

What is your highest level of education completed?

- [ ] 7th Grade
- [ ] 8th Grade
- [ ] 9th Grade
- [ ] 10th Grade
- [ ] 11th Grade
- [ ] High School Graduate/Earned GED
- [ ] Some College/Post-Secondary Credits
- [ ] Associate’s Degree
- [ ] Technical/Trade/Vocational School
- [ ] Bachelor’s Degree
- [ ] Graduate Degree
- [ ] Other:

Do you have children? (select all that apply):

- [ ] I am currently expecting a child.
- [ ] Yes- **If yes, how many?** ________________
- [ ] No

Would you like us to send you information on services you may be eligible for? We will send information to you via email.

- [ ] Yes
- [ ] No

Would you like us to send you information on opportunities to be involved in child welfare and/or juvenile justice advocacy or workgroups? We will send information to you via email.

- [ ] Yes
- [ ] No

How has the COVID-19 pandemic affected you? (select each that apply)

- [ ] My employment has been impacted.
- [ ] My education plan has been impacted.
- [ ] My housing has been impacted.
- [ ] My relationships have been impacted.
- [ ] My mental health has been impacted.
- [ ] My physical health has been impacted.
- [ ] I have experienced loneliness or isolation.
- [ ] I have been affected in another area:
- [ ] I have not been affected by the pandemic.

If you feel comfortable, please include additional information on how COVID-19 and the pandemic have affected you and your life:
What areas of your life would this pandemic relief payment help you with? (Check all that apply):

**Housing:**
- ☐ Rent
- ☐ Mortgage
- ☐ Utilities
- ☐ Home maintenance

**Transportation:**
- ☐ Purchasing a vehicle
- ☐ Vehicle repairs
- ☐ Car insurance
- ☐ Ridesharing service
- ☐ Public transportation

**Health and well-being:**
- ☐ Health insurance
- ☐ Medical services
- ☐ Mental health services
- ☐ Prescription medication

**Education:**
- ☐ GED
- ☐ Post-secondary education
- ☐ Professional certification
- ☐ Technical/Trade/Vocational school
- ☐ Supplies needed for education, such as a laptop

**Other:**
- ☐ Childcare
- ☐ Groceries
- ☐ Clothing

If you feel comfortable, please include additional information on how the pandemic relief payment may help you:
Consent and Signature

Read before signing:
I understand and authorize the Kansas Department for Children and Families to verify my former legal custody status and associated dates with the State Child Welfare System, Tribal Authority or Juvenile Justice System of record.

I understand that the information which I have authorized to be disclosed will be used for the purpose of determining my eligibility. I acknowledge that it is my responsibility to be aware of any rights of confidentiality which I may have regarding the information which I am releasing and that by signing this consent I am waiving my rights, if any, to confidentiality for purposes which I have approved.

If I have authorized the release of information to a person or agency providing independent living or foster care services under contract with my associated State Child Welfare System, Tribal Authority or Juvenile Justice System of Record, I have also authorized release of the information to any person or agency providing that service under sub-contract.

This consent may be revoked in writing at any time prior to any action which has been taken in reliance upon it.

This authorization will expire on 9-30-2022.

_X_  
Young Adult’s

or *Authorized Individual’s Signature

_X_  
Date