|  |  |
| --- | --- |
| **Name:** |  |
| **Date of Birth:** |  |
| **IL FACTS Case #:** |  | **Client ID #:** |  |
| **KEES/KANPAY #:** |  | **SMART ID #:** |  |

|  |
| --- |
| **Is youth/young adult requesting IL services prior to age 21?** Choose an item.**If requesting services after age 21, is the youth/young adult requesting ETV services prior to the semester before turning 26?** Choose an item.**Youth/young adult was in custody and in OOH placement on 18th birthday?** Choose an item.**If yes, youth/young adult was in the custody of:** Choose an item.**If yes, youth/young adult was in an eligible placement?** Choose an item.**Youth/young adult was in an eligible placement on the date of release from custody?**  Choose an item.**Youth/young adult was adopted or entered a Permanent Custodianship on or after age 16?** Choose an item.**Youth/young adult was in OOH placement on or after 14th birthday?** Choose an item.**Youth/young adult is from another state?** Choose an item.**If yes, other state has been contacted for documentation?** Choose an item. |
| **Above named client is eligible for the following services:**  |
| [ ]  **Basic Chafee**  | [ ]  **Subsidy**  | [ ]  **ETV**  | [ ]  **Aged Out Medical**  |
| [ ]  **Tuition Waiver\***  | [ ]  **Start Up** | [ ]  **Vehicle Repair**  |  |
| **(\*please note DCF Administration determines waiver eligibility for the school and this is for our information and planning purposes only)** |

**Eligibility based on:**

[ ]  **FACTS (Screen shots below/attached)** [ ]  **Journal Entry Copy is:** Choose an item.

[ ]  **Exception was granted (Supporting documentation attached)**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name and title) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed by supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If not completed by supervisor)

