

## Independent Living Eligibility

<b>Name:</b>			
<b>Date of Birth:</b>			
<b>IL FACTS Case #:</b>		<b>Client ID #:</b>	
<b>KEES/KANPAY #:</b>		<b>SMART ID #:</b>	

**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 18<sup>th</sup> 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 14<sup>th</sup> 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.

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**Above named client is eligible for the following services:**

<input type="checkbox"/> Basic Chafee	<input type="checkbox"/> Subsidy	<input type="checkbox"/> ETV	<input type="checkbox"/> Aged Out Medical
<input type="checkbox"/> Tuition Waiver*	<input type="checkbox"/> Start Up	<input type="checkbox"/> 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:** \_\_\_\_\_ (If not completed by supervisor)      **Date:** \_\_\_\_\_

