

CWCMP Independent Living Funds Request
 Dual Credit Payment

Payment request must be made prior to the course start date.

Date of Request: Click or tap to enter a date.

Course Start Date: Click or tap to enter a date.

Youth Name:		Date of Birth:	SSN:	DCF Region:
Grade Level:	# Completed Credits:	GPA:	CWCMP Agency/Worker:	Worker Contact Information:
Post-Secondary Education Institution:		Street Address:		City, Zip:

Name of Dual Credit Course(s):	
Total cost of course(s):	Total amount requested:
\$	\$
Please describe the youth's future educational and career goals:	

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Please list alternative resources that have been explored prior to submitting this request. (Ex. GEAR UP, O’Brate Scholarship, etc.)

If a funding request is being submitted to DCF IL, it is understood that the CWCMP will be responsible for at least half of the cost for the dual credit course(s)
CWCMP agrees to pay \$_____to_____

Required Regional Attachments to be provided by CWCMP:

- Official documents verifying cost of the course(s), timeframes of the course(s), and the post-secondary institution through which the course will be completed
- W-9 Request for Taxpayer Identification Number and Certification for direct vendor payments
- PPS 0100 Authorization for Release of Confidential Information
- Family Educational Rights and Privacy Act (FERPA) Release
- Written statement from the youth regarding plans for post-secondary education and how the course(s) align with those plans.

CWCMP Provider Verification of Eligibility and Recommendation for Independent Living Funding

The CWCMP IL Program Manager or Designee verifies the following:

- Recommendation of the youth for funds approval.
- Acknowledgement that the youth’s current case plan has a task addressing completion of securing housing, income, and exit interview.
- Verification of payment request will be placed in the youth’s file.
- The youth is placed in DCF custody and in an eligible out of home placement.

CWCMP IL Program Manager or Designee Signature: _____ Date: _____

The following boxes are to be completed by DCF Independent Living Regional Supervisor or Designee

DCF Independent Living Program Funds Approval

The DCF Independent Living Regional Supervisor or Designee verifies the following;

- DCF will pay \$_____to_____

DCF IL Supervisor or Designee Signature: _____ Date: _____

DCF Independent Living Program Funds Not Approved

The DCF Independent Living Regional Supervisor or Designee does not approve payment for the following reason:

DCF IL Supervisor or Designee Signature: _____

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DCF Decision Provided to:	Date:
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