

SOUL FAMILY LEGAL PERMANENCY REFERRAL FOR PAYMENT

Date: _____

| | |
|---|---|
| Youth Name: _____ | |
| DOB: _____ | |
| SSN: _____ | |
| SOUL Family Legal Permanency Name (Residential Custodian): _____ | |
| DOB: _____ | SSN: _____ |
| Phone: _____ | Email _____ |
| SOUL Family Legal Permanency Relationship to youth: (Check one) | |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Non-Relative/Kin |
| <input type="checkbox"/> Other (please explain relationship): _____ | |
| SOUL Family Legal Permanency Custodian Name: _____ | |
| DOB: _____ | SSN: _____ |
| Phone: _____ | Email _____ |
| SOUL Family Legal Permanency Relationship to youth: (Check one) | |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Non-Relative/Kin |
| <input type="checkbox"/> Other (please explain relationship): _____ | |

Identity Verified (specify document and name of the individual completing the verification):

| | | | | | | |
|------------------------------|--------------------------|-----|--------------------------|----|----------------|-------|
| A. Social Security Benefits: | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | If yes, amount | _____ |
|------------------------------|--------------------------|-----|--------------------------|----|----------------|-------|

Anticipated date of youth's high school graduation: _____

PPS Administration Use Only for Approval:

- Approved
- Denied

PPS Program Signature: _____

Date: _____

