Independent Living Eligibility

Name:			
Date of Birth:		**SMART ID:**	
IL FACTS Case #:		**Client 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 completed high school/GED while in OOH placement? Choose an item.

Youth/young adult was adopted or entered a Permanent Custodianship on or after age 16? Choose an item.

Youth/young adult finalized permanency through SOUL on or after their 16th birthday? 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**	☐ **SOUL Post-Secondary/Certified Training (PSCT) Assistance**	☐ **Aged Out Medical**
☐ **Tuition Waiver***	☐ **Start Up**	☐ **Education and Training Vouchers (ETV)**	☐ **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)

Kansas
Department for Children and Families