|  |  |  |  |
| --- | --- | --- | --- |
| **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)

