

## Independent Living Eligibility

<b>Name:</b>			
<b>Date of Birth:</b>		<b>SMART ID:</b>	
<b>IL FACTS Case #:</b>		<b>Client 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 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 16<sup>th</sup> birthday?** 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.

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

<input type="checkbox"/> Basic Chafee	<input type="checkbox"/> Subsidy	<input type="checkbox"/> SOUL Post-Secondary/Certified Training (PSCT) Assistance	<input type="checkbox"/> Aged Out Medical
<input type="checkbox"/> Tuition Waiver*	<input type="checkbox"/> Start Up	<input type="checkbox"/> Education and Training Vouchers (ETV)	<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:** \_\_\_\_\_

