Education & Training Voucher Program Plan

Young Adult Name:	**Age:**	**Date:**
Plan Dates: *(Specify the Year Below)* **From:** July 1,	**To:** June 30,	
Number of years participated in the ETV program prior to this plan year:		
Number of years participated in the SOUL PCST program prior to this plan year:		
Number of years a young adult has used shall be verified and updated through the DCF Self-Sufficiency Information System (SSIS) by the assigned Independent Living Coordinator.		

Section 1: Young Adult's Educational Plan & Identified Action Steps

Post Secondary Educational Institution	**Educational Track:**	
	☐Certification	☐Bachelor's degree
Major or Field of Study	☐Training Program	☐Master's degree
	☐Associate degree	☐Other:

Action Steps:			
Campus tour?	☐Yes	☐Needed	☐NA
Initial consultation with academic advisor / counselor?	☐Yes	☐Needed	☐NA
Application for admission completed?	☐Yes	☐Needed	☐NA
Placement exam(s) completed?	☐Yes	☐Needed	☐NA
Free Application for Federal Student Aid (FAFSA) completed?	☐Yes	☐Needed	☐NA
Custody verification letter turned into financial aid department?	☐Yes	☐Needed	☐NA
Copy of FAFSA award letter received by Independent Living Coordinator?	☐Yes	☐Needed	☐NA
Copy of semester schedule turned into the Independent Living Coordinator?	☐Yes	☐Needed	☐NA
504 Plan obtained & turned into the post-secondary educational facility?	☐Yes	☐Needed	☐NA
Vocational Rehabilitation Services referral?	☐Yes	☐Needed	☐NA
Copies of housing agreement turned into the Independent Living Coordinator? *(Ex: signed lease, rental agreement with supportive adult(s), dormitory contract, etc.)*	☐Yes	☐Needed	☐NA
Copies of grades from prior semesters turned into the Independent Living Coordinator?	☐Yes	☐Needed	☐NA

Specific tasks to complete these requirements shall be identified on the PPS 7000 Self-Sufficiency Plan.

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Section 2: Estimated Costs Associated with Education and/or Training Program Plan Per Year	
Does the school accept the Tuition Waiver (*KS Board of Regents- Public Institution*)? ☐Yes ☐No ☐NA- Ineligible	
Expense Category	**Amount**
Tuition & Fees (*Do not enter the amount covered by the tuition waiver, if applicable.)*	$
Books & Materials	$
Room & Board	$
Special Fees	$
Child Care	$
Technical Equipment	$
Tutoring	$
Transportation	$
Clothing	$
Medical	$
Miscellaneous (allowable under ETV)	$
A. Total Costs	$
Amounts shall be verified by the school.	

Section 3: Financial Awards and Assistance associated with ETV Program Plan per year				
Award	**Amount**	**Verified with the School**		
Pell Grant	$	☐Yes	☐No	☐NA
Supplemental Educational Opportunity Grant (SEOG)	$	☐Yes	☐No	☐NA
Scholarship Awards Total	$	☐Yes	☐No	☐NA
Student Loans Total	$	☐Yes	☐No	☐NA
Perkins Loan	$			
Subsidized Loan	$			
Unsubsidized Loan	$			
Private Loan	$			
Work Study	$	☐Yes	☐No	☐NA
Other (Identify)	$	☐Yes	☐No	☐NA
B. Total Financial Awards	$			
C. Total Financial Need (A – B = C) *A. Total Cost – B. Total Financial Awards = C. Total Financial Need*	$			

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Section 4: Financial Assistance Authorized by DCF Independent Living Coordinator *(At the end of the fiscal year, attach an SSIS expenditure report)*	
Young Adult is eligible for the following Post Secondary Educational Benefits:	
☐**State SOUL Post Secondary Education/ Certified Training Program (PSCT) Funds**	☐**Federal Educational and Training Voucher (ETV) Funds**
SOUL PSCT amount authorized: *(cannot exceed $5,000)*	$
ETV amount authorized: *(cannot exceed $5,000)*	$
Total Post Secondary Education Funds authorized:	$

By signing this plan, I agree to complete all required admissions documents and tests for the chosen school or training program. I will provide my DCF IL Coordinator with ***copies of all financial aid award letters (including loans, grants, and scholarships)****,* ***a copy of my semester schedule****,* ***a copy of my grade reports, and a copy of my final financial statement*** *for each semester. I understand that all funds are subject to availability.*

This plan shall be reviewed, updated, and approved at every case plan, semester, or when circumstances change. All changes must be approved by the regional DCF IL Supervisor.

Signatures	**Date**
Young Adult:	
DCF IL Coordinator:	
DCF IL Supervisor:	