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| **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.* | | | |

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| **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.*** | |

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| **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.*

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