

Independent Living Subsidy Payment Unit Notification

- | | |
|--|---|
| <input type="checkbox"/> Regular IL Subsidy (8100) | <input type="checkbox"/> SOUL IL Subsidy (8106) |
| <input type="checkbox"/> Initial Request | <input type="checkbox"/> Change |
| <input type="checkbox"/> Suspend / Terminate | |
| Date Effective: | Date Effective: |

Section I: Young Adult and Vendor Information

Young Adult Name:			
SSN & DOB:			
Address:			
City/State/Zip			
Phone:			
Email:			
Vendor Name:		Vendor ID:	
Address:			
City/State/Zip			
Phone:			
Email:			

Section II: Monthly Subsidy Information

Subsidy Amount and Month Authorized:						
Month/Year						
Amount Authorized	\$	\$	\$	\$	\$	\$

Section III: Approvals

Signatures:	
Independent Living Coordinator (ILC)	Date
Independent Living Supervisor	Date
<i>Staffing Notes:</i>	
<i>This form is to be completed and submitted to the Eligibility Payment Unit for subsidy payments to be issued.</i>	
Eligibility Payment Unit:	
Name of DCF staff entering the subsidy payment:	
Date authorized subsidy was entered, changed, suspended, or terminated by Eligibility Payment Unit:	
<i>An electronic copy shall be returned to the ILC with the above information completed. The ILC shall place a completed copy in the case file.</i>	