|  |  |  |
| --- | --- | --- |
| [ ]  **Initial Request** | [ ]  **Change** | [ ]  **Suspend / Terminate** |
| **Date Effective:**  | **Date Effective:**  | **Date Effective:** |
|  |
| **Young Adult Name:** |   |
| SSN & DOB: |  |
| Address: |  |
| City/State/Zip |  |
| Phone #: |  |
| Email: |  |
|  |  |
| **Vendor Name:** |  | **Vendor ID:**  |  |
| Address: |  |
| City/State/Zip |  |
| Phone #: |  |
| Email: |  |

|  |
| --- |
| **Subsidy Amount and Month Authorized:** |
| **Month/Year** |  |  |  |  |  |  |
| **Amount Authorized** | $      | $      | $      | $      | $      | $      |

|  |
| --- |
| **Approval Signatures:** |
|  |  |
| **Independent Living Coordinator (ILC)** | **Date** |
|  |  |
| **Independent Living Supervisor** | **Date** |
| *Staffing Notes:*  |
| ***This form is to be completed and submitted to the Eligibility Payment Unit for subsidy payments to be issued.*** |

|  |
| --- |
| **Eligibility Payment Unit:** |
| Name of DCF staff entering the subsidy payment: |  |
| Date authorized subsidy was entered, changed, suspended, or terminated by Eligibility Payment Unit: |  |
| ***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.*** |