# *Payment request must be made prior to the course start date.*

**Date of Request:**Click or tap to enter a date. **Course Start Date:**Click or tap to enter a date.

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| **Youth Name:** | | **Date of Birth:** | | **SSN:** | **DCF Region:** |
|  | |  | |  |  |
| **Grade Level:** | **# Completed Credits:** | **GPA:** | **CWCMP Agency/Worker:** | | **Worker Contact Information:** |
|  |  |  |  | |  |
| **Post-Secondary Education Institution:** | | **Street Address:** | | | **City, Zip:** |
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| **Name of Dual Credit Course(s):** | |  |
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| **Total cost of course(s):** | **Total amount requested:** |  |
| **$** | **$** |  |
| **Please describe the youth’s future educational and career goals:** | | |
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| **Please list alternative resources that have been explored prior to submitting this request. (Ex. GEAR UP, O’Brate Scholarship, etc.)** |
| *If a funding request is being submitted to DCF IL, it is understood that the CWCMP will be responsible for at least half of the cost for the dual credit course(s)*  **CWCMP agrees to pay $ to** |

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| **Required Regional Attachments to be provided by CWCMP:** |
| * **Official documents verifying cost of the course(s), timeframes of the course(s), and the post-secondary institution through which the course will be completed** * **W-9 Request for Taxpayer Identification Number and Certification for direct vendor payments** * **PPS 0100 Authorization for Release of Confidential Information** * **Family Educational Rights and Privacy Act (FERPA) Release** * **Written statement from the youth regarding plans for post-secondary education and how the course(s) align with those plans.** |

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| **CWCMP Provider Verification of Eligibility and Recommendation for Independent Living Funding** | |
| **The CWCMP IL Program Manager or Designee verifies the following:**   * **Recommendation of the youth for funds approval.** * **Acknowledgement that the youth’s current case plan has a task addressing completion of securing housing, income, and exit interview.** * **Verification of payment request will be placed in the youth’s file.** * **The youth is placed in DCF custody and in an eligible out of home placement.** | |
| **CWCMP IL Program Manager or Designee Signature:** | **Date:** |

*The following boxes are to be completed by DCF Independent Living Regional Supervisor or Designee*

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| **DCF Independent Living Program Funds Approval** |
| **The DCF Independent Living Regional Supervisor or Designee verifies the following;**   * **DCF will pay $ to** |
| **DCF IL Supervisor or Designee Signature: Date:** |

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| **DCF Independent Living Program Funds Not Approved** |
| **The DCF Independent Living Regional Supervisor or Designee does not approve payment for the following reason:** |
| **DCF IL Supervisor or Designee Signature:** |
| **DCF Decision Provided to: Date:** |

