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|  | STATE OF WASHINGTON  DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  **Independent (IL) / Transitional Living (TL) Grant Application** | | | | | | | |
| Please complete all parts of the application form that apply to you. Please write or print clearly. An incomplete or illegible application will delay the process. | | | | | | | | |
| APPLICANT’S NAME | | | DATE OF BIRTH | | | | AGE | PHONE NUMBER (WITH AREA CODE) |
| ADDRESS | | | | | | | | |
| DCYF SOCIAL WORKER’S NAME (IF APPLCABLE) | | | OFFICE | | | | | |
| IL / TL SERVICES CASE MANAGER’S NAME | | | AGENCY | | | | | |
| 1. Indicate which grant you are apply for:  **Independent Living Support Funds**  Funds for the purchase of goods and services are available for youth 15 years of age or older, who are transitioning from a **DCYF paid or relative care placement** to independent living. **These funds are to be used to pay for goods and services directly related to the goals outlined in the Independent Living Plan.** Support funds up to $500.00 are granted based on need and to the extent that funding is available.  **OR**  **Transitional Living Services Grant**  A grant or up to $1500.00 is available to young people ages 18 – 21 who lived in foster care, group care, or guardianship for assistance towards Independent Living. **These funds are to be used to pay for goods and services directly related to the goals outlined in the Independent Living Plan.**  **I am requesting assistance with:**  Rental Assistance (attach the rental application or rental agreement including the landlord’s contact information).  Utilities: electricity, water, garbage (attach the bill for utilities or a statement written by the company with the cost of the services and contact information)  Local Telephone (attach the bill for utilities or a statement written by the phone company contact).  Other (provide appropriate documentation supporting your request).  **If your grant application is approved for rent, utilities, or telephone service, how are you prepared to sustain future payments?** | | | | | | | | |
| 2.  Employed: Business name and phone number (including area code):  **OR**  Seeking employment: name(s) of businesses where you have applied and date of application(s):  **OR**  Currently attending school / vocational program / job training and location of school / university / program:  **OR**  Currently receiving Education and Training Voucher (ETV) assistance. How much: $ | | | | | | | | |
| 3. Statement of need: Please describe your intended use of the grant (itemize to a total amount). | | | | | | | | |
| 4. How does this relate to Independent Living goals you are currently working on? | | | | | | | | |
| 5. My contributions toward this request are (i.e., participation, money): | | | | | | | | |
| 6. IL Case Manager supporting state for youth request: | | | | | | | | |
| APPLICANT’S SIGNATURE DATE | | | | | | | | |
| IL CASE MANAGER’S SIGNATURE DATE | | | | **OR** | | SOCIAL WORKER’S SIGNATURE DATE | | |
| Return grant application to your Independent Living service provider, your DCYF Social Worker or directly to:  Monica Jenkins, ILS Program Manager, at 315 Holton Avenue, Ste.200; Yakima, WA 98902  Joshua Koutecky, SHPC, Regional Programs Manager, Region 1, Spokane, WA | | | | | | | | |
| **Internal Use ONLY** | | | | | | | | |
| DATE RECEIVED | | Approved  Denied  Tree House eligible | | | | | | |
| REASON FOR DENIAL | | | | | | | | |
| REGIONAL IL PROGRAM MANAGER’S NAME | | | | | Copied and returned to IL Case Manager or SW; date: | | | |