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|  | STATE OF WASHINGTONDEPARTMENT 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 98902Joshua 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:  |