

**South Carolina Department of Social Services
John H. Chafee Foster Care Program
For Successful Transition to Adulthood Funding Request**

This page needs to be filled out in its entirety.

A. County/Regional Information

1. County to Receive Funding: _____
2. County or Regional Office Submitting Application: _____
3. Case Manager's Name: _____ Telephone: _____
4. Supervisor's Name: _____ Telephone: _____

B. Youth's Information

1. Name of Youth: _____
2. Case ID #: _____ Person ID#: _____
3. Date of Birth: ____/____/____ 3a. Current Age: ____ 4. Male Female
5. Youth's Email Address: _____
- 5a. Youth's Phone Number: _____
6. Date Entered Foster Care: ____/____/____
 - 6a. Date of Finalized Removal Hearing: ____/____/____
 - 6b. 18 years or above in Voluntary Placement
 - 6c. 18 years or above and out of care Discharge Date: ____/____/____
 - 6d. Youth's planned date to leave care ____/____/____
 - 6e. Adoption Preservation (post-legal) placement date ____/____/____
 - 6f. Adoption/ Guardianship/ Kinship Care date ____/____/____
7. Current Status: Foster Care Guardianship Kinship Care
 Adoption Preservation/ Post-Legal Adopted
 After Care: Chafee/ETV Services Only After Care: Placement and Chafee/ETV Services
8. Was youth actively involved in the development of the case plan? Yes No
9. If youth is within 90 days of turning 17 or within 90 days of turning 18, provide the date of the Transition Plan Meeting ____/____/____
10. Were alternative funding sources explored? Yes No
11. Please confirm that the following documents are attached to this request:
 - a. Completed Domain 8 of the child assessment discussing transition goals
 - b. Dictation regarding request
 - c. Updated Education Person screen to include enrollment section
 - d. Supporting financial documentation (invoice/receipts)

INDIVIDUALIZED SERVICE REQUEST

A. Categories of Service Requested: Check all that apply and attach all supporting documentation for each item selected.

<p>Academic (Secondary) Support (5113010035)</p> <p><input type="checkbox"/> School Sponsored Activities <input type="checkbox"/> Non-School Sponsored Activities <input type="checkbox"/> Leadership/Scholar Programs</p> <p><input type="checkbox"/> Summer Camps <input type="checkbox"/> Summer School <input type="checkbox"/> School-Related Fees <input type="checkbox"/> Tutoring</p> <p><input type="checkbox"/> Senior Prom <input type="checkbox"/> Senior Graduation <input type="checkbox"/> Graduate Award (Please attach DSS Form 30237)</p> <p><input type="checkbox"/> GED <input type="checkbox"/> Non-ETV Coursework <input type="checkbox"/> Birth Certificate <input type="checkbox"/> College Fees</p> <p><input type="checkbox"/> College Applications <input type="checkbox"/> ACT/SAT Prep class <input type="checkbox"/> ACT/SAT Test</p> <p><input type="checkbox"/> NYTD workshops (Please attach DSS Form 30254) <input type="checkbox"/> Chromebook (Please attach DSS Form 30197)</p>
<p>Post-Secondary Support (5113010036)</p> <p><input type="checkbox"/> Academic Incentive <input type="checkbox"/> Graduate Award (Please attach DSS Form 30237)</p> <p><input type="checkbox"/> Dorm Essential Bundle (Please attach DSS Form 30239) <input type="checkbox"/> Computer Bundle (Please attach DSS Form 30197)</p>
<p>Transportation (5110010037)</p> <p><input type="checkbox"/> To Work <input type="checkbox"/> To College Orientation <input type="checkbox"/> To GED/Vocational/College <input type="checkbox"/> To Job Skills Training</p> <p><input type="checkbox"/> Bus Pass <input type="checkbox"/> Home visits from College <input type="checkbox"/> Bicycle Package <input type="checkbox"/> Driver's Education</p> <p><input type="checkbox"/> State ID/Driver's License <input type="checkbox"/> Vehicle Repairs and/or Maintenance <input type="checkbox"/> Insurance</p>
<p>Employment (5110010038)</p> <p><input type="checkbox"/> Licensure/Certification Programs <input type="checkbox"/> Job Skills Training <input type="checkbox"/> Uniforms/Footwear</p> <p><input type="checkbox"/> Interview Clothing <input type="checkbox"/> Professional Attire <input type="checkbox"/> Birth Certificate</p>
<p>Housing/ Transition (5110010039)</p> <p>(Please attach Transition Plan Meeting Form DSS Form 30206 and Budget Analysis DSS Form 30238)</p> <p><input type="checkbox"/> Rental Application <input type="checkbox"/> Rental Deposit <input type="checkbox"/> Utilities Deposit <input type="checkbox"/> Furniture <input type="checkbox"/> Rental Assistance</p> <p><input type="checkbox"/> Interim Housing for College Students during Break <input type="checkbox"/> DDSN Household Shower</p> <p><input type="checkbox"/> Emergency Assistance <input type="checkbox"/> Household Essential Bundle (Please attach DSS Form 30239)</p>

B. What are the youth's (include name) successful transition to adulthood goals related to the requested services?

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C. List the cost for each item and attach supporting documentation for each item you've checked above

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SIGNATURE PAGE

This page must accompany all requests and be signed by the worker, his/her supervisor, or the non-SCDSS requestor. In completing the request, it is confirmed that the adolescent is at least the age of 14 and under the age of 21 for Chafee funds, and Successful Transition to Adulthood goals are incorporated in the current case plan. The requested services are based on an assessment of the adolescent's needs and stated goals and are deemed appropriate and necessary; and all of the supporting documentation has been verified for its authenticity and submitted with this request.

Name of Youth: _____

_____ Signature of Non-SCDSS Requestor	_____/_____/_____ Date
_____ Case Manager's Signature	_____/_____/_____ Date
_____ Supervisor's Signature	_____/_____/_____ Date

(State Office Use Only)

Chafee Funding Approval Sheet

Name of Youth: _____

Application Date: ____/____/____

Approved Chafee Funds: \$ _____

Date Request Denied: ____/____/____

Reason for Denial: _____

Chafee Funded Services	Amount Awarded	Remaining Funds Available
Academic Secondary Support (5113010035)		
Post-Secondary Support (5113010036)		
Transportation (5110010037)		
Employment (5110010038)		
Housing Transition (5110010039)		

John H. Chafee Foster Care Program for Successful Transition to Adulthood Program Coordinator

____/____/____
Date

John H. Chafee Foster Care Program for Successful Transition to Adulthood Program Director

____/____/____
Date