South Carolina Department of Social Services Independent Living Program SHOWER REQUEST FORM

If you are interested in a college/emancipation shower, fill out this form and mail or fax it, along with a list of items that youth will need to:

South Carolina Foster Parent Assoc Attn: Lisa Franklin P.O. Box 39 Elgin, SC 29045 803-865-2020 (Phone/Fax) 800-240-8189 (Cell)			
□ Emancipation			
Date:	Date Needed:		
Name of Requestee:			
Requestee's Address:			
Requestee's Telephone:			
Caseworker:			
Caseworker's Telephone:			
List of Needed Items:			