

South Carolina Department of Social Services  
**FUNDING REQUEST FOR INDEPENDENT LIVING SERVICES**

☐ Initial Request    ☐ Renewal Request

**DEMOGRAPHIC INFORMATION**  
**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: \_\_\_\_\_  
    3a. Name of Requestor: (If non-SCDSS) \_\_\_\_\_ Telephone: \_\_\_\_\_  
    3b. Relationship to Youth: (i.e., Foster Parent, Group Home Provider, etc.) \_\_\_\_\_
4. Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Office Fax Number: \_\_\_\_\_

**B. Youth's Information**

1. Name of Youth: \_\_\_\_\_
2. Social Security Number: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Current Age: \_\_\_\_\_ ☐ Male    ☐ Female
5. Date Entered Foster Care: \_\_\_\_\_ Race: \_\_\_\_\_  
    5a. ☐ 18 years or above in care  
    5b. ☐ 18 years or above and out of care    Date: \_\_\_\_\_
6. Name of Current Foster Care Placement: \_\_\_\_\_
7. Length of Current Foster Care Placement: \_\_\_\_\_
8. Was youth actively involved in the development of the case plan? ☐ Yes    ☐ No

# INDIVIDUALIZED SERVICE REQUEST

A. Categories of Service Requested: (Check all that apply.) Attach documentation.

## Daily Living Skills (5110010031)

- ☐ 1. Life Skills Classes
- ☐ 2. Mentoring Services
- ☐ 3. Esteem Building Activities
  - ☐ a. Team Sports
  - ☐ b. School Activities such as Chorus or Band
- ☐ 4. Summer Camp that is School-Sponsored

## Adult Education (5110010032)

- ☐ 1. Adult Education
- ☐ 2. GED Program
- ☐ 3. Alternate Educ. School
- ☐ 4. Non-ETV College Coursework
- ☐ 5. Non-ETV Vocational Coursework
- ☐ 6. Tutoring for GED
- ☐ 7. Study Skills Training

## Educational Support (5110010033)

- ☐ 1. Tutorial Services
- ☐ 2. Summer School
- ☐ 3. Books and/or Supplies for Specialized Classes
- ☐ 4. Educational Field Trips
- ☐ 5. Birth Certificate

**Note:** Attach CAPSS "Education" screen for all Educational Support requests.

## Senior Expenses (5110010034)

- ☐ 1. Graduation Invitations
- ☐ 2. Graduation Cap and Gown
- ☐ 3. Senior Pictures
- ☐ 4. Senior Ring
- ☐ 5. Yearbook
- ☐ 6. Diploma Plaque
- ☐ 7. Senior Fees

## Graduate Award (Complete form 30237)

## Pre-College Expenses (5110010035)

- ☐ 1. SAT/ACT Fees
- ☐ 2. College Applications
- ☐ 3. SAT/ACT Preparation Classes
- ☐ 4. *College Bowl Sunday* Transportation

## Special Recognition (5110010036)

- ☐ 1. Youth Conference
- ☐ 2. Honor/Award Travel
- ☐ 3. Governor's School Expenses
- ☐ 4. Conference Presentation
- ☐ 5. School-Selected Scholars Programs

## Transportation (5110010037)

- ☐ 1. Driver's Education
- ☐ 2. Bicycles – school or work
- ☐ 3. Transportation to College
- ☐ 4. Home Visit from College
- ☐ 5. Transportation to Work
- ☐ 6. Car Repairs
- ☐ 7. Transportation to Adult Ed
- ☐ 8. Driver's License Fee, Permit Fee, State ID
- ☐ 9. Car Insurance Assistance

## Employment Services (5110010038)

- ☐ 1. Certification Courses
- ☐ 2. Child Care/One Month
- ☐ 3. Interview Clothing
- ☐ 4. Uniforms and Footwear
- ☐ 5. Job Skills Training Classes
- ☐ 6. Vocational Equipment
- ☐ 7. Birth Certificate
- ☐ 8. Certification/Licensing Fees

## Housing/Transition Expenses (5110010039)

- ☐ 1. Electric Deposit
- ☐ 2. Gas Deposit
- ☐ 3. Water Deposit
- ☐ 4. Telephone Deposit
- ☐ 5. Furniture
- ☐ 6. Rental Application Fee
- ☐ 7. Rental Deposit
- ☐ 8. Rental Assistance
- ☐ 9. Student Interim Housing
- ☐ 10. SIL Set-up Fees
- ☐ 11. Youth w/DDSN or DMH Set-up Fees
- ☐ 12. Emergency Housing Assistance

B. Who will provide the service?

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C. Why does the youth need this service (justification) and how does it relate to the independent living goals in the youth's case plan?

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D. What is the cost for each item you've checked above and anticipated time frame for actual service delivery?

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E. Were alternative funding sources explored?

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F. If requesting housing assistance, has a transitional planning meeting been held with the youth and significant others, including any involved providers? Provide date.

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# EDUCATION AND TRAINING VOUCHER APPLICATION

(For Post Secondary Only)

- A. Was youth adopted after age 16? If yes, skip to Section B. ☐ Yes ☐ No
- Is Independent Living part of the youth's case plan? ☐ Yes ☐ No
- Is attendance in post secondary training part of the case plan? ☐ Yes ☐ No
- Was youth actively involved in the development of the case plan? ☐ Yes ☐ No
- Computer needed? ☐ Yes ☐ No
- If yes, laptop or desktop? ☐ Laptop ☐ Desktop
- Graduation Date: \_\_\_\_\_

- B. Name of Institution: (Attach a copy of acceptance letter. If there is no letter, explain.) \_\_\_\_\_
- Year of Study: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other
- Choice of Major: (If known) \_\_\_\_\_ Alternate: \_\_\_\_\_

- C. Name/Telephone of School Financial Aid Contact: \_\_\_\_\_
- Annual Cost of Attendance for the Academic Year: \$ \_\_\_\_\_

## ANNUAL EXPENSES FOR THE ACADEMIC YEAR 20 \_\_\_\_ - 20 \_\_\_\_ :

College Deposit	\$ _____	Parking Fees	\$ _____
Room Deposit	\$ _____	Commuting Student Food Allowance	\$ _____
Tuition	\$ _____	(No food service on campus)	
Room/Board	\$ _____	Tutoring	\$ _____
Fees	\$ _____	Computer or Other Equipment	\$ _____
Books/Supplies/Uniforms	\$ _____	(Specify on page 2)	
School Travel (Age 21-23 only; others use page 2)	\$ _____	Special Study Projects	\$ _____
Child Care (Age of Child: _____)	\$ _____	(Specify on page 2)	
Personal Items (\$200 per semester)	\$ _____		

**TOTAL EXPENSES:** \$ \_\_\_\_\_

Available Funding: Was a FAFSA form filed? ☐ Yes ☐ No (Attach a copy of award letter)

## SCHOLARSHIPS/GRANTS Amt. Awarded

<input type="checkbox"/> Life Scholarship	\$ _____
<input type="checkbox"/> Hope Scholarship	\$ _____
<input type="checkbox"/> Palmetto Fellows	\$ _____
<input type="checkbox"/> Need-Based Grant	\$ _____
<input type="checkbox"/> Lottery Tuition Assistance	\$ _____
<input type="checkbox"/> Pell Grant	\$ _____
<input type="checkbox"/> S.C. Tuition Grant	\$ _____
<input type="checkbox"/> Supplemental Ed. Opp. Grant (SEOG)	\$ _____

**Note:** Attach CAPSS "Education" screen for all ETV requests

## Other Scholarships/Grants:

<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____
<input type="checkbox"/> _____	\$ _____

**TOTAL SCHOL./GRANT:** \$ \_\_\_\_\_

**BALANCE AMOUNT:** \$ \_\_\_\_\_  
(Total Expenses minus Total Schol./Grant)

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Office Independent Living Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Amount ETV Approved:** \$ \_\_\_\_\_

## SCHOLARSHIP FUNDING LISTED BELOW

Foster Youth may qualify for the following scholarships, grants and/or loans:

1. **Pell Grant:** Federal – (Criteria to be accepted at a technical college or university.)
2. **South Carolina Needs Based Grant:** (State – Criteria to be accepted at a technical college or university – any school. Additional funding available to youth who answer YES to the foster care question on the FAFSA **and** complete the Foster Care Waiver Form. [www.che.sc.gov](http://www.che.sc.gov))
3. **Life Scholarship:** (State – Criteria requires a "B" or better GPA and a specific score on the SAT.)
4. **S.C. Tuition Grant:** (Private Colleges)
5. **Stafford Loan:** Two types – Federal – Means Test
  - A) No payment required until graduation at loan interest rate.
  - B) Requires interest payments annually or may defer, but at a higher interest rate than in (A) and can be used for living expenses.
6. **Orphan Foundation of America:** [www.orphan.org](http://www.orphan.org)
7. **Rowell Foster Foundation:** [www.rowellfosterfoundation.org](http://www.rowellfosterfoundation.org)

The grants listed above should be researched for each youth. This list is not exhaustive.

## SIGNATURE PAGE

This page must accompany all requests and be signed by both the worker and his/her supervisor. In completing the request, it is confirmed that the adolescent is 13 to 21 years of age and Independent Living services 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.

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Signature of Non-SCDSS Requestor

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Date

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Case Manager's Signature

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Date

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Supervisor's Signature

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Date

### (State Office Use Only)

Amount Approved: \$ \_\_\_\_\_ IL Funds: \$ \_\_\_\_\_ ETV Funds: \$ \_\_\_\_\_

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Independent Living Coordinator

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Date

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Independent Living Supervisor

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Date

## INSTRUCTIONS FOR DSS FORM 30198

### Purpose

To apply for services of the Chafee Independent Living Program. (Pages 1, 2, and 5)

To apply for Education and Training Voucher (ETV). (Pages 1, 3, and 5)

Program services are outlined in booklet, "Guidelines for Services, Chafee Independent Living Program and Educational and Training Voucher Program (ETV)."

**Form to be Completed by:** Case Manager or Foster Care Provider with youth's input.

**Form to be Signed by:** Case Manager and Supervisor

Education and Training Voucher Application to be signed by youth.

**Forms Required in Conjunction:** Independent Living Mentoring Outline (DSS Form 30235)

Independent Living Tutoring Request and Progress Report (DSS Form 30236)

Independent Living Graduate Invoice (DSS Form 30237)

Independent Living Budget Analysis (DSS Form 30238)

Independent Living Shower Request (DSS Form 30239)

### Instructions for Completion

For individualized service requests, complete pages 1, 2 and 5. For Education and Training Voucher, complete pages 1, 3 and 5. Complete page 2 for ETV when space is needed for explanation of equipment needs, special study projects, or school-related travel.

Mail, fax or email DSS Form 30198 with all necessary documentation – it is only necessary to send one copy.

Dependent upon receipt of all required documentation, the case manager will be notified within 14 days that the request has been approved or that additional information is needed. Checks are rendered 2 to 3 weeks from the date of the approval letter.

When youth have emancipated from foster care at age 18 and are not yet 21, they may contact the county office where they are now residing. Youth will complete the P.A.T.T.Y. (Providing Assistance to Transitioning Youth) form (DSS form 30206) during an assessment interview with a DSS staff. Based on assessment of need, staff will submit DSS Form 30198 to request funding of independent living services. When any Housing/Transition is requested (see page 2), please attach a copy of Budget Analysis and P.A.T.T.Y. form.

When youth are age 21, enrolled in post-secondary education, and already receiving the Education and Training Voucher, they are then eligible to apply for ETV funds until age 23. Youth must receive ETV before age 21 to be eligible up to age 23.