

Youth in College/Vocational Training (YIC/VT) Program and Education and Training Voucher (ETV) Combined Application

**Application packets, including all required documentation must be emailed to
DCFS.PostSecondaryEducationAssistance@illinois.gov**

Applicant's Information

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|---|-----------|--------------------------------------|---------------|
| Date of Application: | | Requested YIC/VT Program Start Date: | |
| Youth's Name: | DCFS ID#: | DOB: | Age: |
| CURRENT Street Address: | | | Room or Apt#: |
| City: | State: | Zip Code: | |
| Telephone: () - | Email: | | |
| Caseworker's Name: | Agency: | Region/Site/Field: | |
| AGENCY Address: | | | |
| City: | State: | Zip Code: | |
| Telephone: () - | Email: | | |
| Youth's CAMPUS Street Address (If living in dorm/school housing and the address is different from above. If this does not apply answer N/A): | | | Room or Apt#: |
| City: | State: | Zip Code: | |

College/Vocational School Information

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| Check if applicable: <input type="checkbox"/> Youth completed the FAFSA for the current school year and received a financial aid offer/award letter <input type="checkbox"/> Youth has successfully completed one semester of post-secondary education; grades are attached (required if youth transferring to YIC at age 21/case closure) <input type="checkbox"/> Youth will attend a school that is listed in the U.S. Department of Education Office of Postsecondary Education's Database of Accredited Institutions and Programs which can be accessed at: https://ope.ed.gov/dapip | |
| Name and address of College/University/Vocational School: | |
| Name of school contact for student billing information: | |
| Email: | Telephone: () - |

Academic History

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| Check if applicable: <input type="checkbox"/> The youth has a grade point average below 2.0 and will require tutoring; GPA Education Plan (CFS 449-1) is attached and resources are in place to meet youth's needs (tutoring, study groups, counseling). <input type="checkbox"/> The youth had an Individual Education Plan in high school and will require specialized assistance. If so, the caseworker has assured services are in place as available. Worker has advised youth will need to self-identify for services. |
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Budgeting

How will you pay for your educational and personal expenses?

Please enter the **Cost of Attendance** amounts as quoted on your financial aid offer/award letter in the table below.

| Category | Amount |
|-------------------------------|--------|
| Tuition: | |
| Fees: | |
| Books / Supplies: | |
| Room / Board or Rent: | |
| Transportation: | |
| Other: (meals, clothes, etc.) | |
| Total: | |

Anticipated Financial Assistance and Income Sources

| Category | Amount |
|--|--------|
| Grants | |
| <input type="checkbox"/> MAP | |
| <input type="checkbox"/> PELL | |
| <input type="checkbox"/> OTHER | |
| Scholarships: | |
| Other Awards: | |
| Student Loans | |
| <input type="checkbox"/> Subsidized Loans | |
| <input type="checkbox"/> Unsubsidized Loans | |
| <input type="checkbox"/> Alternative/Private Loan: | |
| DCFS ETV: | |
| Employment Income: | |
| YIC/VT Monthly Board Payment | - |
| Other Income: | |
| Total: | |

If your projected Cost of Attendance exceeds your Anticipated Financial Assistance and Income Sources, what is your plan to balance your budget? _____

If something happens to your YIC board payment or you have a financial emergency, what is your back-up plan?

Health and Dental Services

I know how to access the health, dental, pharmacy, and emergency care services in the community where I will be attending school. ☐ Yes ☐ No

REQUIRED Signatures (Caseworker and Caseworker Supervisor only required for applicants with an open DCFS legal case)

| | |
|------------------------|-------|
| Applicant: | Date: |
| Caseworker: | Date: |
| Caseworker Supervisor: | Date: |

Application Checklist to be Completed by the Caseworker THESE ARE REQUIRED ITEMS AND MUST BE SUBMITTED WITH THE APPLICATION.

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| <input type="checkbox"/> Receipts for reimbursement (if applicable) <input type="checkbox"/> Copy of lease (if applicable) | <input type="checkbox"/> Transcript of the youth's college or CTE grades is attached. This is required unless this is the youth's first post-secondary semester. <input type="checkbox"/> If student's last GPA was below a 2.0, a GPA Education Plan (CFS 449-1) is attached. | <input type="checkbox"/> Copy of the youth's class schedule/registration in List View, Concise View, or Detail View (this cannot be in Weekly View) or signed Enrollment Agreement for CTE Program. <input type="checkbox"/> Financial aid award letter from the school and scholarship decision letters is attached. |
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**Service Agreement
Completed by Applicant**

*****Be sure you have read the complete Service Agreement and understand its content before you sign it. *****

*****Refer any questions you have about the agreement to your caseworker*****

I, _____, agree to do the following as part of my participation in the Youth in College/Vocational Training (YIC/VT) Program and an Education and Training Voucher (ETV) recipient. I understand that if I do not meet these requirements, I may be removed from the YIC/VT Program and/or ineligible for an ETV.

- I will enroll in and attend an accredited college, university, or vocational program. To be eligible for YIC/VT, I will remain a full-time student as defined by the program. Eligibility for an ETV does not require full-time status.
- In order to qualify for YIC/VT summer board payments, I will enroll and attend as a full-time student as defined by the college, university, or vocational program through the summer; OR if I earned a 2.0 GPA for the immediately preceding spring term, I will submit grades and a full-time fall schedule by June 1 of the current year; OR I will participate in an approved summer internship program and will submit documentation of participation.
- I will maintain a "C" (2.0) grade point average (GPA) each semester. I understand that if my grades fall below a "C" average, I will be required to complete a GPA Education Plan. I understand that I may be discharged from the YIC/VT Program if my GPA remains below a 2.0 for two consecutive grading periods.
- I understand that I must make satisfactory academic progress (SAP) in the school and/or program to remain eligible for ETV funding.
- I will send a grade report that includes my name, school name, and term GPA to DCFS.PostSecondaryProgram@illinois.gov no later than two weeks after I receive them. I understand that I may be suspended from YIC/VT if I fail to do this.
- I will notify my assigned YIC/VT Coordinator if I withdraw from class(es) or change my mailing address, email address, or phone number.
- I will complete and return the YIC/VT Program end of program survey.
- If I am under the age of 21, I will cooperate with my caseworker. Cooperation includes, but is not limited to, participating in the development of a case plan; completing the tasks established in the case plan; adhering to in-person and telephone contacts with my caseworker; completing required health exams; and providing the required health and academic documentation to my caseworker for inclusion with my case plans for Administrative Case Reviews.
- I will complete and submit the FAFSA every year on October 1 or as soon after as possible.
- I understand financial aid monies are for school expenses only and I agree to use them for that purpose. I understand that I may incur debt if I use financial aid for anything other than school expenses. I will complete required paperwork in the financial aid and admissions office at the college, university, or vocational program.
- I will sign necessary forms to allow release of information to YIC/VT and ETV Programs including, but not limited to, FERPA forms, and Consent for Release of Information forms.

I will receive the following BENEFITS as a participant in the Youth in College/Vocational Training Program if I fulfill the conditions listed above:

- A monthly board payment. I understand the board payment is to be used to pay my room and board charges if living in on-campus housing or my rent/utilities/living expenses if living off campus.
- Up to five years of continuous eligibility, or up to age 26, whichever occurs first, to allow the completion of my original program of study.
- Services and assistance as required from my caseworker and/or Department Post-Secondary Education Specialists.

- A tuition and mandatory fee waiver if attending an Illinois community college or Illinois public university.

I may receive financial assistance for approved post-secondary expenses as an Education and Training Voucher recipient. I have checked the items to be considered for funding:

- ☐ Tuition/Fees – DCFS/OETS/ETV will request the billing document each term from school after drop/add and financial aid have been applied to your account.
- ☐ Book/Supplies – DCFS/OETS/ETV will request billing from school/bookstore or submit receipt to be reimbursed if already paid.
- ☐ Required Equipment/Uniform – DCFS/OETS/ETV will request billing from the provider or submit receipt to be reimbursed if already paid.
- ☐ Transportation - \$105 per month to be used for a bus pass or gasoline reimbursement.
- ☐ Computer – Computer application can be submitted, or a computer or laptop may be purchased and submit receipt for reimbursement. Computers are part of the ETV funding and not in addition to the possible ETV assistance allowed each fiscal year. The cost of attendance (COA) at the school must include a computer to use ETV funding for one.
- ☐ Room and Board/ Rent Assistance – Room and board are considered after other funding including YIC/VT board payments and other grants are taken into consideration.
- ☐ ETV funds can be accessed to continue beyond original program of study, if five (5) years of eligibility have not been accessed and under the age of 26.
- ☐ Documentation of no outstanding charges for tuition and fees is required prior to ETV funding for all other items noted above.

I further understand that:

- **DCFS will not** pay any debt that I incur while in the YIC/VT Program, including any debt incurred for dropping classes after the deadline established by the school. I am responsible for debts including, but not limited to, payment of any student loans, re-payment of any grant money charged for dropping classes, and for any credit card debt that I incur.
- The amount of funding available per fiscal year (July 1 – June 30) is determined by the federal Administration for Children and Families. The amount through 9/30/2022 is \$12,000 per fiscal year. Effective 10/1/2022 it will revert to \$5,000 per fiscal year. This amount is not an entitlement. I must have approval, eligible expenses within the Cost of Attendance of the school I am attending.
- I am responsible for participating in educational support/tutoring offered by my school in order to maintain a “C” grade point average.
- DCFS will contact the National Student Clearinghouse to verify my school enrollment and by signing this document I authorize this action.
- If I fail to comply with any of the YIC/VT Program or ETV requirements, I may be suspended or discharged from the program and/or deemed ineligible for an ETV.
- Any submission of false documentation, grades and/or schedules will result in immediate dismissal from the YIC/VT program and ineligibility for an ETV. Recoupment of grant funds received under false pretense will be enforced.

Applicant's Signature_____

Date_____