

ARE YOU CURRENTLY ATTENDING HIGH SCHOOL, ON THE JOB TRAINING, VOCATIONAL SCHOOL OR COLLEGE/UNIVERSITY?
 YES NO

IF SO, WHAT AND WHERE?

WHAT ARE YOUR EDUCATIONAL GOALS?

WHAT JOB SKILLS ARE YOU INTERESTED IN?

WHAT COMMUNITY/FAMILY RESOURCES HAVE YOU LOOKED INTO OR USED?

WHEN WAS YOUR LAST COMMUNITY/FAMILY CONTACT?

WHAT OTHER RESOURCES HAVE YOU USED?

WHAT ARE YOUR NEEDS RIGHT NOW?

WHERE DO YOU SEE YOURSELF IN ONE MONTH?

SIX MONTHS?

ONE YEAR?

FIVE YEARS?

WHAT RESOURCES WILL YOU NEED TO GET THERE?

WHAT ARE YOUR STRENGTHS?

WHAT ARE YOUR HOBBIES?

DO YOU HAVE: STATE ID CARD CERTIFIED COPY OF BIRTH CERTIFICATE CALENDAR FOR WRITING DOWN APPOINTMENTS
 DRIVER'S LICENSE SOCIAL SECURITY CARD EMERGENCY PHONE LIST

WHAT WOULD YOU LIKE FOR THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM TO DO FOR YOU?

ARE YOU WILLING TO ACCEPT PERSONAL RESPONSIBILITY FOR ASSISTING IN THE DESIGNING OF A PLAN WHICH WILL HELP MEET YOUR NEEDS AS YOU STRIVE FOR INDEPENDENCE?
 YES NO

APPLICANT SIGNATURE

DATE

CFCIP SPECIALIST/STAFF: CONFIRM AGE OF YOUTH UPON DISCHARGE FROM OUT-OF-HOME CARE

CURRENT AGE OF YOUTH

AGE OF YOUTH AT DISCHARGE

CONFIRMATION SOURCE

SUPPORT APPLICATION APPROVED NOT APPROVED

EXPLAIN WHY NOT APPROVED

ATTACH COPY OF COOPERATIVE AGREEMENT
NEGOTIATED WITH YOUTH

DATE FIRST COOPERATIVE AGREEMENT UPDATE DUE (WITHIN 90 DAYS)

SUBSEQUENT UPDATES

SPECIALIST SIGNATURE/CS STAFF

DATE

AREA/COUNTY