



Request for Education/Employment Benefit

Please check box that applies to you and fill out application on the back of this page. Be sure to include all the documents listed.

HS/GED Competition Stipend - \$300

Please include the following:

Copy of high school diploma, GED, or transcript that states you have graduated

Completed TILP with original signature

Example TILP goal: *Receive incentive for completing GED or graduating high school.*

Reimbursement for textbooks, uniforms, or supplies, school fees

(Not including tuition)

Please include the following:

Original receipts (if paid online, a printed statement can be accepted)

Something from your school or program that shows what was required or needed

Completed TILP with original signature

Example TILP goal: *Receive assistance in paying for school/work supplies or fees*

Direct payment to schools and vocational programs to cover fees and supplies

(Orientation fees, application fees, testing fees, uniforms, etc)

Please include the following:

Something from the school or program that shows what you need to pay for and the cost

Completed TILP with original signature]

Example TILP goal: *Receive assistance in paying school/work supplies or fees*

Approved vocational programs

Please include the following:

Verification of program costs (something from the program that shows the total price)

Vocational Program Application

Complete two coaching sessions with a B:E staff member

Completed TILP with original signature

Example TILP goal: *Receive assistance in paying for a vocational program to provide more career opportunities.*

Post-Secondary Stipend

(\$500 for AA, \$1,000 for BA)

Please include the following:

Copy of diploma or transcript showing you have received your degree or letter from college counselor on letterhead stating that you will receive your degree

Completed TILP with original signature

Example TILP goal: *Receive incentive for completing and Associates/Bachelors Degree*

Guard Card

Please include the following:

Complete two coaching sessions with a B:E staff member

Separate Guard Card application/package selection

Completed TILP with original signature

Example TILP goal: *Receive assistance in paying for my Guard Card to provide more job opportunities.*

Please enclose your original receipt, (make a copy for yourself, attach original with this packet) Along with an original TILP. Copies are not acceptable.

Name: _____ Date: _____

School/ Program/Institute/ Store: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City/ State / Zip Code: _____

() _____ - _____
Primary Phone Number

() _____ - _____
Alternative Phone Number

Amount to be Paid: _____ or Reimbursed: _____

Write check to: _____

Submitting your Request for Education/Employment Benefit Packet:

Please make sure you have:

- Checked the box that applies to you
- Have all documents required included in your packet, such as:
 - Receipts
 - Schedules
 - Original TILP (Transitional Independent Living Plan & Agreement)
- When filling out Transitional Independent Living Plan & Agreement
 - Please fill in all highlighted sections
 - If you have a Case Worker, fill in their information
 - Do not forget to sign
 - Remember to turn in the original TILP (faxed or email copies will not be accepted)

All application materials must be paper clipped together. Applications can be dropped off or mailed to:
675 Hegenberger Rd, Suite 100, Oakland, CA 94621, ATTN: Education and Employment Specialist

Please allow 2-4 weeks for processing. You will be notified when your check is here. All applicants are subjected to eligibility.

Transitional Independent Living Plan & Agreement

Youth: _____ Date of Birth: _____ Age _____ Ethnicity _____

Address: _____

Instructions To Youth: The purpose of this agreement is to capture the goals you are agreeing to achieve over the next 6 months. It is a good organizing tool to help you stay focused and keep track of your progress toward accomplishing each goal. Your Social Worker/Probation Officer and caregiver will also have copies of this agreement and will help you achieve your goals.

Instructions to Caregiver: You are agreeing to assist the youth in the development of their ILP goals and to support the youth in completing the activities.

Instructions to Social Worker/Probation Officer: You are agreeing to assist the youth and the caregiver in completing this form, and develop Planned Services that will assist the youth in meeting his/her goals. Document the Planned Services and Delivered Services in CWS/CMS. Probation officers: use manual documentation procedures.

Service goals and activities to be addressed in the plan:

Goals are individualized based on your assessment and may include examples such as:

- develop a life-long connection to a supportive adult
- graduate from high school
- obtain a part-time job
- invest savings from part-time job
- develop community connections
- obtain a scholarship to attend college
- develop competency in the life skill of _____

Activities are individualized to help meet a specific goal. Example – if high school graduation is a goal, the youth directed activity might be to attend classes regularly with no tardies for the next 6 months.

For youth participating in ILP services, activities are reportable as ILP Delivered Services in CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- | | |
|--------------------------------------|---|
| • Received ILP Needs Assessment | • ILP Room and Board Financial Assistance |
| • ILP Mentoring | • ILP Transitional Housing, THP, THP Plus |
| • ILP Education | • ILP Home Management |
| • ILP Education Post Secondary | • ILP Time Management |
| • ILP Education Financial Assistance | • ILP Parenting Skills |
| • ILP Career/Job Guidance | • ILP Interpersonal/Social Skills |
| • ILP Employment/Vocational Training | • ILP Financial Assistance Other |
| • ILP Money Management | • ILP Transportation |
| • ILP Consumer Skills | • ILP Other (Stipends/Incentives) |
| • ILP Health Care | |

- I understand that if I am employed as part of this plan, my earned income will be disregarded, as the purpose of my employment is to gain knowledge of needed work skills, habits and responsibilities to maintain employment. (WIC 11008.15)
- I understand that I can retain cash savings up to \$10,000 under this plan in an insured savings account and any withdrawal requires the written approval of my social worker/probation officer and must be used for purposes directly related to my transitional goals. (WIC 11155.5)
- I understand that I will receive assistance to obtain my personal documents and information about financial aid for postsecondary education/training. (WIC 16001.9)

Transitional Independent Living Plan & Agreement

Youth: _____ DOB: _____ Age: _____ Ethnicity: _____

Case Worker Name: _____ Case Worker phone: _____

TILP 6-month timeline: _____ to _____. Date Independent Living Needs Assessment completed: _____

- If I have not participated in the ILP program before, I agree to participate now.
- Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.

Goal	Activity	Responsible Parties	Planned Completion date	Progress Date
Goal #1:		_____ YOUTH		<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #2:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal # 3:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.
Goal #4:				<input type="checkbox"/> Met Goal Date _____ <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time/assistance. <input type="checkbox"/> Goal needs modification.

This Agreement will be updated on: _____ Update # _____

Signing this agreement means we will all work to complete the steps necessary to help the youth reach his/her goals.

Youth's signature

Date

Caregiver's signature

Date

Social Worker/Probation Officer signature

Date