

Alameda County's
Book Money Program
Spring 2017

Applications Accepted Between
December 19, 2016 - March 10, 2017

Pick up you application at :

ILP/ B:E Office

675 Hegenberger Rd. Ste. 100

Oakland, CA 94621

or download at :

www.beyondemancipation.org

For more information
contact :

Alejandra Mazariegos

510.667.7803





Book Money Eligibility and Application Checklist

ELIGIBILITY

To be considered for Alameda County Book Money Textbook Assistance Program, applicants must meet the following criteria:

1. Be a former dependent of Alameda County and was in a foster home, group home, or residential treatment program at age 16 or 17.
2. Eligible to receive assistance until your 21st Birthday.
3. Be enrolled in a college or vocational program accredited by the Western Association of Schools and Colleges (WASC), whether or not you have received your high school diploma or GED.

APPLICATION CHECKLIST

You will receive a check written directly to you, must submit:

- An completed application w/ a signed B:E Book Money Agreement
- Your current class schedule
- Grades from previous semester
- List of textbooks for these classes showing prices (Print this from your college bookstore or web site. If you do not provide list, the application will be considered incomplete and will not be processed)

If your GPA is below a 2.0 or if you withdrew, dropped, or received an incomplete for 2 or more classes last semester you need:

- Book Money Appeal Form
- Proof



ALAMEDA COUNTY BOOK MONEY APPLICATION

SECTION A

Name: _____ Date of Birth: ____/____/____ Age: _____

Mailing Address: _____
Address City State Zip

Email Address: _____ College: _____

Phone Number: () _____ Social Security Number: _____

BE Case Manager/ILP Coach: _____

Have you received a book money grant or stipend in a previous term? Yes No

Do you have a high school diploma? Yes No Do you have a GED? Yes No

Are you enrolled in DSPS? Yes No Do you expect to graduate with an AA or BA this semester? Yes No

YOU MUST SUBMIT ALL OF THE FOLLOWING WITH YOUR APPLICATION:

Class Schedule

Grades from previous semester

B:E Book Money Agreement

List of textbooks needed for your classes, indicating the new price of each book.
(Print this from your college bookstore or web site. If you do not provide list, the application will be considered incomplete and will not be processed)

If your GPA is below a 2.0 or if you withdrew, dropped, or received an incomplete for 2 or more classes last semester you need:

Book Money Appeal Form

Proof

NO INCOMPLETE APPLICATIONS WILL BE PROCESSED

All application materials must be stapled or paper clipped together. Applications may be dropped off or mailed to:
675 Hegenberger Rd, Suite 100, Oakland, CA 94621. Attention: Book Money

Please Allow 2-4 Weeks for Processing. You will be notified when your check is here. All applications are subject to eligibility.

B: E Book Money Agreement

Dear B:E Book Money Recipient,

We are writing to inform you that our book money system has changed in order to provide more resources to all of our clients. Instead of basing the amount of money that you get on your GPA and amount of credits, we will pay for books and materials needed. We ask that along with your application you submit the list of books and/or supplies needed from a cart or website checkout on your college bookstore web site. We still need 2-4 weeks to process the request.

You will need to complete a Book Money Appeal Form and go through an appeals process if any of the following apply to you:

- Your GPA from the previous semester is under a 2.0
- You dropped two or more of your classes during the previous semester
- You failed two or more of your classes during the previous semester
- You received an incomplete for two or more of your classes during the previous semester
- Withdrew from two or more of your classes during the previous semester

**Please note that if you are only taking one class and you drop, withdraw, or receive an incomplete in that class, you also must appeal.*

For the appeal process, you must complete the attached Book Money Appeal Form and provide proof of a meeting with a counselor at your school. We also ask that you meet with a B:E staff member to review your plan to improve your academic progress. Just as with school financial aid, you have two chances to appeal for book money. You must demonstrate that you have a plan to bring up your GPA and complete more classes in order for us to provide book money again. The final decision will be made in partnership with Alameda County staff.

We thank you for your cooperation to help us help support your educational goals.

If you understand the following information explained in this letter, please sign below. This is how we can confirm you've received and understand the information and process of receiving book money.

I _____ understand that if my semester GPA falls below 2.0, I drop two or more/all my classes, fail two or more/all my classes, receive an incomplete for two or more/all my classes, or withdraw from two or more/all my classes, I am required to complete the Book Money Appeal Process for B:E.

Client Name

Client Signature

Date

B:E Staff Signature



b:e

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: Receive assistance with purchasing college books and other school-related materials	Submit to Beyond Emancipation a completed application which includes Authorization to Release form, Current Class Schedule, Last Semester/Quarter Grades. **Returning students must submit a transcript showing overall GPA.	YOUTH	Ongoing until age 23 with valid proof	<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

Book Money Appeal

Beyond Emancipation

675 Hegenberger Rd. Suite 100 Oakland, CA 94621



Full Name: _____

Address: _____

Program/School: _____

Phone Number: _____

E-mail: _____

Please complete the following and submit proof:

- Educational Action Plan done with B:E Staff
- Proof of working with an academic Counselor

Please explain in complete detail:

- Please describe in detail the extenuating circumstances on why you were unable to maintain a 2.0 and/or placed you at risk for book money denial/ disqualification for future Book Money. (Examples: illness/injury of student, death of an immediate family member, medical and/or family emergencies)
- Explain in specific steps how you propose to improve your GPA and/or the completion of your course or program. Please write or type out clearly- Attach additional pages if necessary.

Large lined area for writing the appeal details.

Student Certification: I certify all statements and/or supporting documentation are true and correct to the best of my knowledge. **WARNING:** Any false statements or misrepresentations will cause for denial.

Students' Signature: _____