

# Alameda County's Book Money Program Summer 2019

Accepting Applications from May 15, 2019 to July 1st, 2019

Pick up your application at ILP / B:E Office 675 Hegenberger Rd. Ste. 100 Oakland, CA 94621 OR

Download from our website: www.beyondemancipation.org Applications must be dropped off or mailed in

For more information contact:

James Nguyen 510.667.7602

Email: Jnguyen@alamedacountyilp.org







| [ | ] Youth  |
|---|----------|
| [ | ] ILP    |
| [ | ] CWW/PO |

# **Request for Education or Career Incentives**

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.

| [] High School Diploma/<br>GED/Certificate of Completion |  |  |  |  |
|--|--|--|--|--|
| (\$500)  |  |  |  |  |

Please include the following:

- [] Complete Request Form
- [] Copy of high school diploma, GED, transcript that states you have graduated, or a letter from counselor stating year & date of expected completion
- [] Completed TILP with original signature

#### **Example of TILP Goal:**

Receive incentive for completing GED or graduating high school.

Follow up with Bianca Gutierrez

510.667.7625

Eligible until 21

| [] Reimbursement   | for  | textboo | oks, |
|--------------------|------|---------|------|
| uniforms, supplies | , or | school  | fees |

(Not including tuition/application during book money period only)

Please include the following:

- [] Complete Request Form and Action Plan w/
- B.E. or ILP Staff via phone or in-person
- [] Refer to Book Money Eligibility Checklist
- [] Original receipts (if paid online, a
- printed statement can be accepted)
- [] Invoice from your school or program that show's what was required or needed
- [] Completed TILP with original signature

#### **Example of TILP Goal:**

Receive assistance in paying for school/work supplies or fees.
Follow up with James Nguyen 510.667.7602

Eligible until 21

# [ ] County Approved Vocational Programs.

(Fees for orientation, application, testing, uniform, etc.)

Please include the following:

- [] Complete Request Form and Action Plan w/
- B.E. or ILP Staff via phone or in-person
- [] Verification of program costs (invoice from program total price)
- [] Purpose/Objective Essay
- [] Completed TILP with original signature

#### **Example of TILP Goal:**

Receive assistance in paying for a job training program to provide career opportunities

Follow up with James Nguyen 510.667.7602 Eligible until 21

# [] Post-Secondary Graduation Stipend

(\$400 for Trade or Certification Program; \$500 for AA/AS; \$1000 for BA/BS)

Please include the following:

- [] Complete Request Form and Action Plan w/
- B.E. or ILP Staff via phone or in-person
- [] Copy of diploma, certificate, or transcript from college, or a letter from college counselor stating that you will receive your degree
- [] Completed TILP with original signature

#### **Example of TILP Goal:**

Receive incentive for completing a Trade/Certification program or an AA/BA

Follow up with WOD 510.667.7694
Eligible until 21

#### [] ILP Scholarship

Please include the following:

- [] ILP Scholarship Application
- [] Action Plan w/ B.E. or ILP Staff via
- phone or in-person
- [] Essay
- [] 2 Letters of Recommendation
- [] Proof of high school completion
- [] College Acceptance Letter
- [] College Class Schedule
- [] Completed TILP with original

#### signature

#### **Example of TILP Goal:**

Receive incentive for participating & completing ILP Program
Follow up with Bianca Gutierrez 510.667.7625
Eligible until 21





### **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.
- 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

### To receive a check written directly to you, you must submit:

- An completed application with a signed B:E Book Money Agreement.
- A completed Education Action Plan.
- Your current class schedule.
- Grades from previous semester (for returning college students).
- 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 of working with an Academic Counselor





#### **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 4-6 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.

| •                    | ng information explained in this letter, pleaso<br>understand the information and process of t                    | •    |
|----------------------|---|------|
| •                    | understand that if my semest or more/all my classes, receive an incompl my classes, I am required to complete the | •    |
| Client Name          | Client Signature  | Date |
| R: F Staff Signature |   |      |





#### ALAMEDA COUNTY BOOK MONEY APPLICATION

| Name:                      |  | Date of Birth:/_   | / Age:                             |
|----------------------------|--|--|------------------------------------|
| Mailing Add<br>Email Addre | ress: Address City   | State College:   | Zip                                |
|                            | ber: <u>(</u> )  |  | r:                                 |
| BE Case Ma                 | anager/ILP Coach:  |  |                                    |
| Have you re                | ceived a book money grant or stipend in a p  | orevious term? []Yes [   | ] No                               |
| Do you have                | e a high school diploma? [ ] Yes [ ] No  | Do you have a  | GED? []Yes []No                    |
| Are you enro               | olled in DSPS? [ ] Yes [ ] No Do you expe  | ct to graduate with an AA c  | r BA this semester? [ ] Yes [ ] No |
|                            | YOU MUST SUBMIT ALL OF THE FO  [ ] Class Schedule  [ ] Grades from previous semester  [ ] B:E Book Money Agreement  [ ] Education Action Plan  [ ] List of textbooks needed for your classes, indi     (Print this from your college bookstore or well     be considered incomplete and will not be pro  If your GPA is below a 2.0 or if you withdrew, dro     classes last semester you need:  [ ] Book Money Appeal Form  [ ] Proof of working with an Academic Counselor | cating the new price of each bo<br>b site. If you do not provide list,<br>cessed)<br>opped, or received an incomplet | ok.<br>the application will        |
|                            | NO INCOMPLETE APPLIC   | ATIONS WILL BE PROCESSED   |                                    |

All application materials must be paper clipped together.

Applications may be dropped off or mailed to: Beyond Emancipation, Attention: Book Money
675 Hegenberger Rd, Suite 100, Oakland, CA 94621.

Please Allow 4-6 weeks for processing. You will be notified when your check is here. All applications are subject to eligibility.





| Name:  |
|--|
| Address:   |
| Program/School:  |
| Phone Number:  |
| E-mail:  |
| Please complete the following and submit proof:  |
| <ul> <li>Educational Action Plan done with B:E Staff</li> <li>Proof of working with an academic Counselor</li> </ul>   |
| <ul> <li>Please explain in complete detail:         <ul> <li>Please describe in detail the <u>extenuating circumstances</u> 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)</li> <li>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.</li> </ul> </li> </ul> |
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| 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.   |

# **Transitional Independent Living Plan & Agreement**

| Youth:  |   | Date of Birth:   | Age   | Ethnicity  |
|---|---|--|---|--|
|   |   |  | 150   |  |
| Address:  |   |  |   |  |
| months. It is a go  | Youth: The purpose of this agreer ood organizing tool to help you state ial Worker/Probation Officer and lls.   | y focused and keep track of                                  | f your progress t   | toward accomplishing each                                  |
| <b>Instructions to </b> youth in complet  | Caregiver: You are agreeing to as ing the activities.   | sist the youth in the develop                                | oment of their II   | LP goals and to support the                                |
| this form, and d  | Social Worker/Probation Officer<br>levelop Planned Services that wil<br>ivered Services in CWS/CMS. Pro   | l assist the youth in meeti-                                 | ng his/her goals  | s. Document the Planned                                    |
|   | d activities to be addressed in the place of the dualized based on your assessment a  |  | such as:  |  |
| <ul><li>graduate</li><li>obtain a</li><li>invest sa</li><li>develop</li><li>obtain a</li></ul>  | a life-long connection to a supportive from high school part-time job avings from part-time job community connections scholarship to attend college competency in the life skill of |  |   |  |
| activity might be For youth partici   | dividualized to help meet a specific to attend classes regularly with no pating in ILP services, activities are more of the following ILP Services.                                 | tardies for the next 6 month<br>re reportable as ILP Deliver | ns.<br>red Services in (  | CMS. The social worker shall                               |
| <ul> <li>ILP Mer</li> <li>ILP Edu</li> <li>ILP Edu</li> <li>ILP Edu</li> <li>ILP Edu</li> <li>ILP Care</li> <li>ILP Emp</li> <li>ILP Mor</li> </ul> | cation cation Post Secondary cation Financial Assistance eer/Job Guidance ployment/Vocational Training ney Management sumer Skills  | •  | ILP Transitional ILP Home Mana ILP Time Mana ILP Parenting SILP Interperson ILP Financial AILP Transporta | agement<br>Skills<br>nal/Social Skills<br>Assistance Other |
| ٥   | I understand that if I am employ<br>purpose of my employment is t<br>maintain employment. (WIC 1100   | o gain knowledge of need                                     |   |  |
| ٥   | I understand that I can retain cash<br>any withdrawal requires the write<br>purposes directly related to my tra   | ten approval of my social v                                  | worker/probation  |  |

☐ 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                                 | e Worker phone:                           |                            |  |
|---|--------------------------------------|---|----------------------------|--|
| TILP 6-month timeline: ☐ If I have not participated in th☐ Based on the assessment of n | ne ILP program before, I agr         | ee to participate now.                    | _                          |  |
| Goal  | Activity                             | Responsible Parties                       | Planned<br>Completion date | <b>Progress Date</b>   |
| Goal #1:  |                                      |   | •                          | ☐ Met Goal  Date ☐ Satisfactory  Progress ☐ Needs more time/assistance. ☐ Goal needs modification. |
| Goal #2:  |                                      |   |                            | □ Met Goal Date □ Satisfactory Progress □ Needs more time/assistance. □ Goal needs modification.   |
| Goal # 3:   |                                      |   |                            |  |
| Goal #4:  |                                      |   |                            | ☐ Met Goal Date ☐ Satisfactory Progress ☐ Needs more time/assistance. ☐ Goal needs modification.   |
| This Agreement will be updat Signing this agreement mean goals.                         | ed on:<br>ns we will all work to com | Update #<br>nplete the steps necessary to | help the youth re          | each his/her   |
| Youth's signature   |                                      |   | Date                       | _  |
| Caregiver's signature   |                                      |   | Date                       |  |
| Social Worker/Probation Officer s   | ignature                             |   | Date                       |  |

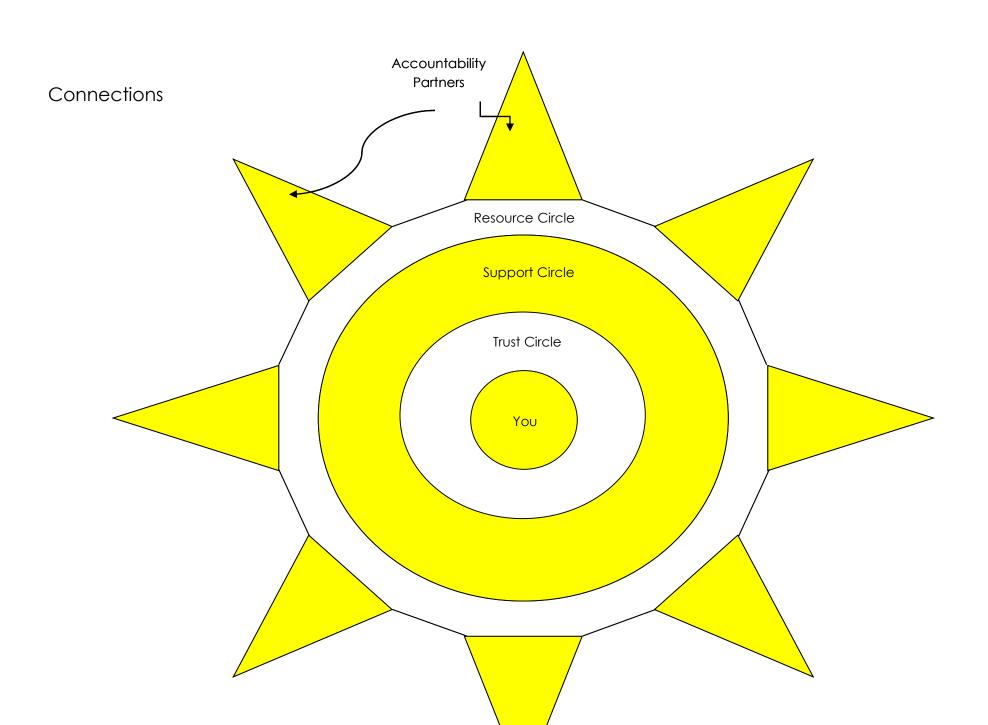
TILP 1 Rev 07/08 Copies to: Youth
Caregiver
Case File
ILP
Page 2 of 2



| Name  | Age | Date                      | Staff  |
|---|-----|---------------------------|--|
| hone  |     |                           |  |
| My Needs  |     |                           |  |
| Obtaining a G.E.D   |     | Career exploration        | Obtaining letters of reference                               |
| Obtaining a high school diploma                                     |     | Writing a resume          | <ul> <li>Job / Internship / Apprenticeship search</li> </ul> |
| □ Obtaining a college degree  |     | Writing a cover letter    | □ Interview skills   |
| <ul> <li>Obtaining vocational training and certification</li> </ul> |     | Writing a reference sheet | <ul> <li>Problem solving in current job</li> </ul>           |
| □ Completing a job vocation program                                 |     | Completing an application | □ Other  |
| ng Term Goal:   |     |                           |  |
| ng Term Goal:   |     |                           |  |
| <del>-</del>  |     |                           |  |
|   |     |                           |  |
|   |     |                           |  |
|   |     |                           |  |
|   |     |                           |  |
|   |     |                           |  |
|   |     |                           |  |
| ort Term Goal:  |     |                           |  |

| ACTION                   | ACCOUNTABILITY   | TIMELINE                | BARRIERS  | ASSETS   | <b>MOTIVATORS</b>                                    |
|--------------------------|--|-------------------------|---|--|--|
| What steps will be done? | Who will do the task?<br>Who will help you?<br>What methods? | By when? Day &<br>Month | Potential Barriers: Personal, other individuals or organizations? Things to learn more about. | What strengths do<br>you already have to<br>help you reach your<br>goal? | What motivates you to keep you focused on your goal? |
|                          |  |                         |   |  |  |
|                          |  |                         |   |  |  |
|                          |  |                         |   |  |  |
|                          |  |                         |   |  |  |

| Strategies for overcoming potential barriers: |  |  |
|---|--|--|
|   |  |  |
|   |  |  |





## Self Evaluation

