

ILP 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/ GED/Certificate of Completion

(\$600)

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 James Nguyen 510-667-7602

Eligible until 21

Reimbursement for textbooks, 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 510.667.7696

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 WOD 510.667.7696

Eligible until 21



Request for Education Benefit Packet

Name: _____ Date _____

School: _____

Date of Birth: ____/____/____ Age: _____ Social Security Number: _____

Mailing Address: _____
Address City State Zip

Phone Number: () _____

Amount to be: Paid: _____ or Reimbursed: _____

Write Check to: _____

Submitting your Request for Education Benefit Packet:

Please make sure you have:

- Checked the box that applies to you
- Have all documents required included in your packet, such as:
 - Copy of High School Diploma/ GED transcript /or
 - Letter from counselor stating year and date of expected completion
 - 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 may be dropped off or mailed to: 675 Hegenberger Rd, Suite 100, Oakland, CA 94621. Attention: Education

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

TRANSITIONAL INDEPENDENT LIVING PLAN & AGREEMENT

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

Address: _____

Phone Number: _____ Text OK?: Email 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 _____

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 CWS/CMS. The social worker shall select from one or more of the following ILP Service Types that an individualized completed activity fits in:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Received ILP Needs Assessment • ILP Mentoring • ILP Education • ILP Education Post Secondary • ILP Education Financial Assistance • ILP Career/Job Guidance • ILP Employment/Vocational Training • ILP Money Management • ILP Consumer Skills • ILP Health Care | <ul style="list-style-type: none"> • ILP Room and Board Financial Assistance • ILP Transitional Housing, THP, THP Plus • ILP Home Management • ILP Time Management • ILP Parenting Skills • ILP Interpersonal/Social Skills • ILP Financial Assistance Other • ILP Transportation • ILP Other (Stipends/Incentives) |
|--|--|

- 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)

Youth: _____ Date of Birth: _____ Age: _____

Case Worker Name: _____ Case Worker Phone: _____

Case Worker Email Address: _____

TILP 6-month timeline: _____ to _____.

Date Independent Living Needs Assessment completed: _____.

- Based on the assessment of my level of functioning, the following transitional goals and activities meet my current needs.
- I will participate in Independent Living Program (ILP) services to help meet my goals.

Goal	Activity	Responsible Parties	Planned Completion Date	Progress Date
Goal #1:				<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.

Comments:

Youth: _____ Date of Birth: _____ Age: _____
Case Worker Name: _____ Case Worker Phone: _____
Case Worker Email Address: _____

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

Voter Registration Info:

Secretary of State Voter Registration
www.sos.ca.gov/elections/voter-registration

Secretary of State Voter Information Contact
www.sos.ca.gov/elections/contact/email-elections-division

Secretary of State Voter Hotline
(800) 345-VOTE(8683)

Copies to: Youth
Caregiver
Case File
ILP