



ALAMEDA COUNTY
INDEPENDENT LIVING
PROGRAM

ALAMEDA COUNTY'S BOOK MONEY PROGRAM SPRING 2020

Accepting Applications from January 8,
2020 to March 31st, 2020

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: Jnguyene@alamedacountyilp.org

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

(\$500)

Please include the following:

- ☐ Complete Request Form w/ Action Plan
- ☐ 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 staff 510.667.7694

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 w/ Action Plan
- ☐ 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 w/ Action Plan
- ☐ 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 w/ Action Plan
- ☐ 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
- ☐ 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 staff 510.667.7694

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.

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 2 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



ALAMEDA COUNTY BOOK MONEY APPLICATION

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

☐ Education Action Plan

☐ 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 of working with an Academic Counselor

NO INCOMPLETE APPLICATIONS 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.

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 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 CWS/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)

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: Receive assistance in paying for school/work supplies or fees	Provide to CWW or Beyond Emancipation the necessary documents to complete the Book Money application			<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



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.**

[illegible]

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.

Signature: _____

EDUCATION & EMPLOYMENT ACTION PLAN



Name _____
Phone _____

Age _____

Date _____

Staff _____

My Needs

<input type="checkbox"/> Obtaining a G.E.D	<input type="checkbox"/> Career exploration	<input type="checkbox"/> Obtaining letters of reference
<input type="checkbox"/> Obtaining a high school diploma	<input type="checkbox"/> Writing a resume	<input type="checkbox"/> Job / Internship / Apprenticeship search
<input type="checkbox"/> Obtaining a college degree	<input type="checkbox"/> Writing a cover letter	<input type="checkbox"/> Interview skills
<input type="checkbox"/> Obtaining vocational training and certification	<input type="checkbox"/> Writing a reference sheet	<input type="checkbox"/> Problem solving in current job
<input type="checkbox"/> Completing a job vocation program	<input type="checkbox"/> Completing an application	<input type="checkbox"/> Other

Long Term Goal:

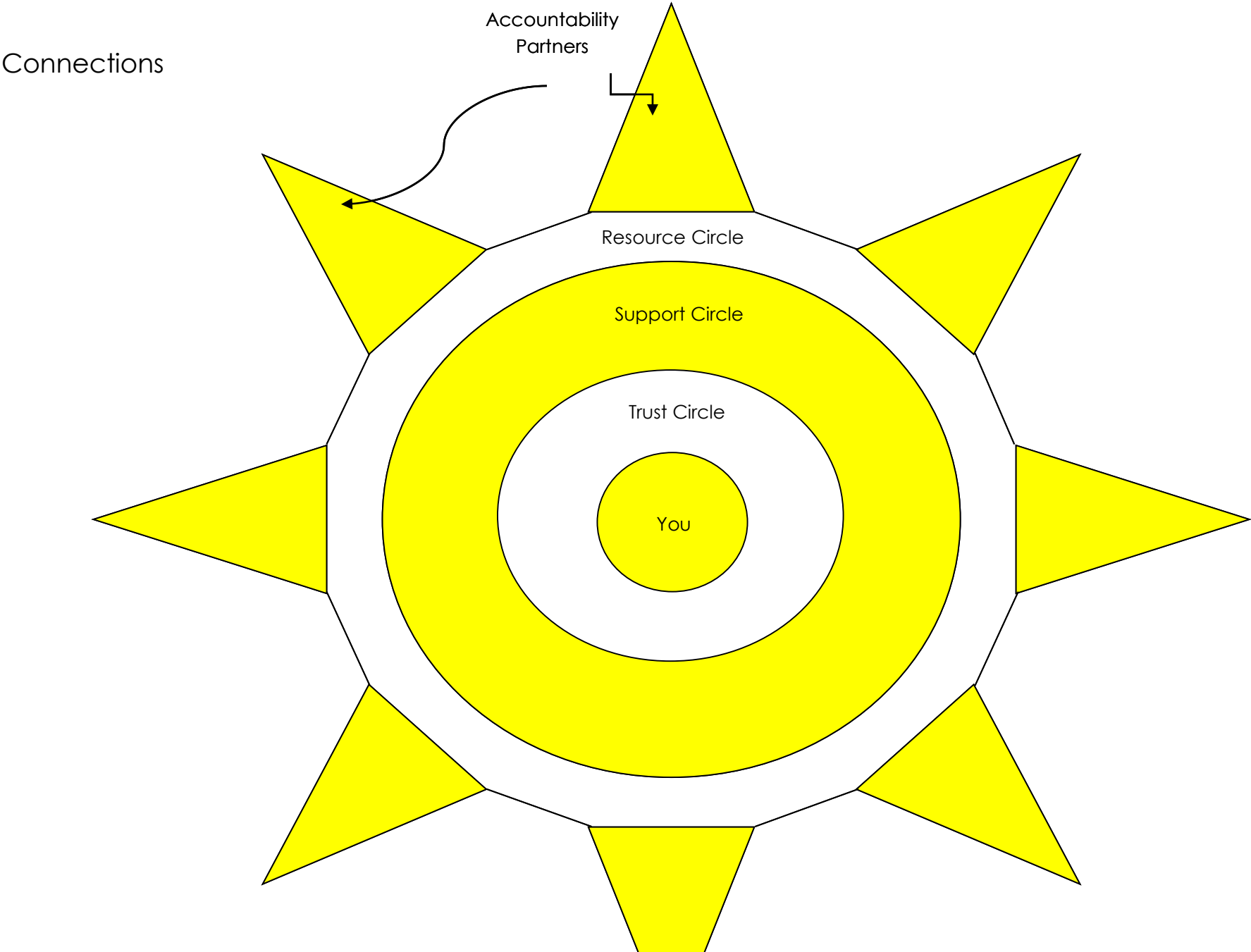
Short Term Goal:

EDUCATION & EMPLOYMENT ACTION PLAN

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

Strategies for overcoming potential barriers:

EDUCATION & EMPLOYMENT ACTION PLAN



EDUCATION & EMPLOYMENT ACTION PLAN



EDUCATION & EMPLOYMENT ACTION PLAN

Self Evaluation

I put a lot of effort into working toward my goal.

1	2	3	4	5
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

I have made a lot of progress toward my goal.

1	2	3	4	5
Strongly agree	Agree	Undecided	Disagree	Strongly Disagree

_ _ Day Check-In

Date_____

Staff_____

What's working?_____

What needs to change?_____

What are my next steps?_____