



# Independent (IL) / Transitional Living (TL) Grant Application

Please complete all parts of the application form that apply to you. Please write or print clearly. An incomplete or illegible application will delay the process.

APPLICANT'S NAME	DATE OF BIRTH	AGE	PHONE NUMBER (WITH AREA CODE)
ADDRESS			
DCYF SOCIAL WORKER'S NAME (IF APPLICABLE)		OFFICE	
IL / TL SERVICES CASE MANAGER'S NAME		AGENCY	

1. Indicate which grant you are apply for:

**Independent Living Support Funds**

Funds for the purchase of goods and services are available for youth 15 years of age or older, who are transitioning from a **DCYF paid or relative care placement** to independent living. **These funds are to be used to pay for goods and services directly related to the goals outlined in the Independent Living Plan.** Support funds up to \$500.00 are granted based on need and to the extent that funding is available.

**OR**

**Transitional Living Services Grant**

A grant or up to \$1500.00 is available to young people ages 18 – 21 who lived in foster care, group care, or guardianship for assistance towards Independent Living. **These funds are to be used to pay for goods and services directly related to the goals outlined in the Independent Living Plan.**

**I am requesting assistance with:**

- Rental Assistance (attach the rental application or rental agreement including the landlord's contact information).
- Utilities: electricity, water, garbage (attach the bill for utilities or a statement written by the company with the cost of the services and contact information)
- Local Telephone (attach the bill for utilities or a statement written by the phone company contact).
- Other (provide appropriate documentation supporting your request).

**If your grant application is approved for rent, utilities, or telephone service, how are you prepared to sustain future payments?**

2.  Employed: Business name and phone number (including area code):

**OR**

Seeking employment: name(s) of businesses where you have applied and date of application(s):

**OR**

Currently attending school / vocational program / job training and location of school / university / program:

**OR**

Currently receiving Education and Training Voucher (ETV) assistance. How much: \$

3. Statement of need: Please describe your intended use of the grant (itemize to a total amount).					
4. How does this relate to Independent Living goals you are currently working on?					
5. My contributions toward this request are (i.e., participation, money):					
6. IL Case Manager supporting state for youth request:					
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Return grant application to your Independent Living service provider, your DCYF Social Worker or directly to:  
 Monica Jenkins, ILS Program Manager, at 315 Holton Avenue, Ste.200; Yakima, WA 98902  
 Joshua Koutecky, SHPC, Regional Programs Manager, Region 1, Spokane, WA

Internal Use ONLY	
DATE RECEIVED	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Tree House eligible
REASON FOR DENIAL	
REGIONAL IL PROGRAM MANAGER'S NAME	<input type="checkbox"/> Copied and returned to IL Case Manager or SW; date: