

## ILP & TRANSITION SERVICES AVAILABILITY

I, \_\_\_\_\_, have been offered independent living  
(Youth=s Name)  
services through the Independent Living Program (ILP) by my Department of Human Services  
(DHS) Caseworker or Tribal Caseworker, \_\_\_\_\_.  
(DHS/Tribal Caseworker)

I have reviewed the following ILP and other Transition services available with my  ILP worker or  DHS/Tribal worker. I also understand that I can decline services now and still have the option to request Independent Living Services or Transition Services in the future, if I meet the following eligibility requirements:

### Independent Living Program Services:

- 1) I am eligible for **ILP services** while in foster care (including life skills training, Discretionary Funds and Educational & Training Voucher),
- 2) I may request **Voluntary ILP services** after I am discharged from care if I have been in the care of DHS, or one of Oregon's nine federally recognized Tribes, for at least six months at time of discharge and was dismissed from care at age 16 or older. I must access services prior to the age of 21.
- 3) I can only be eligible for **ILP Chafee Housing** if I am discharged from care and custody on or after my 18<sup>th</sup> birthday. I understand that there are additional requirements involved should I choose to participate in the Housing program.
- 4) I have also been made aware of the availability of the **Chafee Education and Training Grant** – financial assistance for postsecondary education and training up to an amount not to exceed \$5,000 per academic year and a Promoting Academic Success (PAS) Laptop to assist a student's educational success. Eligibility is the same as items 1) or 2) above (and I must be enrolled/attending an eligible post-secondary school or training program). I can apply and receive funds without DHS assistance. To **apply annually**, I can go to: <http://www.oregonstudentaid.gov/chafeeetv.aspx>
- 5) I may request that my DHS caseworker allow me to attend a **driver's education course** at the expense of DHS while in care, or as a former foster youth if I am actively involved in an ILP Program.

### Other Transition Services:

- 1) I am eligible for the Independent Living **Housing Subsidy Program** at age 16, or older, if I am in the care and custody of DHS. I understand I must be enrolled for ILP

skill building services, and there are additional requirements that must be met in order to be deemed appropriate for the Subsidy Program. I also understand that I will no longer be eligible for the Subsidy Program if I am terminated from DHS care and custody.

- 2) I can only be eligible for the **Former Foster Care Youth Medical (FFCYM) Program** if I am discharged from care and custody on or after my 18<sup>th</sup> birthday. I understand I must work with my DHS caseworker to complete the appropriate application before I leave care. The FFCYM Program will provide OHP coverage until my 26<sup>th</sup> birthday. The application can be completed any time before my 26<sup>th</sup> birthday.
- 3) I may qualify for the **Oregon Tuition and Fee Waiver** if I have been in the custody of DHS, or one of Oregon's nine federally recognized Tribes, for at least six months (180 days) at the time of discharge, and left my final foster care placement at age 16 or older.
- 4) I understand DHS is required to obtain a copy of my **credit report** for me if age 14 or older (at age 18 I must sign a release to have DHS obtain a copy of my credit report for me or obtain my own copy). I also understand that by declining ILP services at this time, there are additional skills training and information related to money management, protecting my identity and maintaining good credit that I may not receive.

In addition to the above, I have been informed that if I meet the eligibility requirement for number 2 (page 1), I will remain eligible for ILP skill building services, including the Chafee Education and Training Voucher Program, until my 21<sup>st</sup> birthday. In order to access services after my case has been closed, I will need to return to a local DHS office and request voluntary ILP services.

By signing below, I am confirming that I understand the services and benefits available and I have chosen not to participate in Independent Living Program services at this time. I may be re-referred for ILP services at a future date.

Youth 's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ILP Worker 's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ILP Agency Name: \_\_\_\_\_

OR

DHS/Tribal Caseworker: \_\_\_\_\_ Date: \_\_\_\_\_