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ROAD TO INDEPENDENCE PROGRAM

Funds Renewal Checklist

USE OF FUNDS: For guidance on the type of funding sources to use for each eligibility category, please see the "Independent Living Program Payment Guide and Coding Definitions" booklet – July 2007.

SECTION A: RENEWAL CERTIFICATION

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This checklist is to be completed by staff designated by the Department of Children and Families, Community Based Care Agencies or Contracted Providers in order to determine on-going eligibility for the Road to Independence Program. The checklist will be completed based on documentation submitted and information communicated by the recipient.

Indicate with a check (✓) the student's renewal category:

- ☐ Student was in legal custody of the State of Florida on his/her 18th birthday.
- ☐ Student was adopted through the Florida foster care system at age 16 or 17 after having spent at least six months in licensed foster care immediately prior to adoption.
- ☐ Student was placed in permanent guardianship at age 16 or 17 after having spent at least six months in licensed foster care immediately prior to placement.

SECTION B: DEMOGRAPHIC INFORMATION

The designated staff member shall complete the section below with information supplied and available.

1. Social Security Number: _____

NOTICE: Pursuant to s. 1009.94 and s. 1002.22, Florida Statutes, you must provide us with your social security number. Giving us your social security number helps to determine your eligibility for assistance or services faster and more accurately. Social security numbers are used by the Department for identity verification, income and eligibility verification, and other purposes related to administration of our programs.

2. First Name: _____ MI: _____ Last Name: _____
3. Home Phone #: _____ Work Phone #: _____ If applicable, enter "ext." and extension number
4. Email Address: _____
5. Street Address/PO Box: _____ Apt #: _____
6. City: _____ State: _____ County: _____ Zip Code: _____
7. Is Florida the student's state of legal residence? ☐ Yes ☐ No
8. School Name/Location: _____

SECTION C: ACADEMIC PROGRESS (check "Yes", "No" or "N/A" for each item)

1. ☐ Yes ☐ No ☐ N/A Student is currently enrolled full time in an accredited high school or accredited adult education program. (Documentation attached.)
- OR;
2. ☐ Yes ☐ No ☐ N/A Student is currently enrolled full time in an eligible postsecondary education institution. (Documentation attached.)
- AND;
3. ☐ Yes ☐ No ☐ N/A The student's educational institution has certified that the student has completed the number of hours that the institution considers full-time over the last academic year in which the student received the RTI Program. (Documentation attached.)
- AND;

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4. ☐ Yes ☐ No ☐ N/A The student's educational institution has certified that the student has maintained appropriate progress as required by the institution. (Documentation attached.)
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STUDENT CERTIFICATION:

I have reviewed the information contained in sections A, B and C and certify that it is true to the best of my knowledge.

Student's Signature

Date

CERTIFICATION OF AWARD

This request for renewal of "Road to Independence" Program benefits has been reviewed and the award has been:

☐ APPROVED for the term of one year or until the student's next birthday or until the student has attained an undergraduate degree or two vocational certificates or credentials, which ever comes first, subject to the continued eligibility requirements being met and funds being available. You must renew your award during the 90 day period prior to the one year term or the 90 day period prior to your next birthday, which ever comes first.

☐ NOT APPROVED due to _____

Reviewing Authority Signature

Title

Date

Approval Administrator (if different from above)

Title

Date

SECTION D: PAYMENT INFORMATION

If approved, I direct the Department to release funds in the following manner: (select just one option)

- ☐ I elect to have my current foster/group home parent or provider receive 100% of the monthly award payable in their name for my room, board, and expenses.

Name funds should be payable to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OR

- ☐ I elect to have my monthly award amount payable in 2 (two) separate checks. One check payable to my current foster/group home parent or provider in the amount of \$_____, and another check payable to me in the amount of \$_____.

Name funds should be payable to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

OR

- ☐ I elect to receive 100% of the monthly award amount payable directly to me in my name for my room, board and expenses.

I am aware that I may request to change my pay out option at any time but it will take 30 to 45 days for the change to take effect.

Signature of Young Adult/Applicant

Date

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