

DFPS VERIFICATION OF ELIGIBILITY FOR THE EDUCATION AND TRAINING VOUCHER PROGRAM

Purpose: To verify eligibility for the DFPS Education and Training Voucher (ETV) program for youth or young adults currently or formerly in DFPS conservatorship. This form identifies these individuals as "Students". Reference the CPS Handbook for additional program information:

http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10300.asp#CPS_10320

Instructions: This form is to be completed and signed by authorized staff. Authorized staff include: DFPS State PAL staff, DFPS State Office ETV staff, DFPS Adoption Assistance Eligibility staff, DFPS State Office Federal/State Support Unit (TJJD).

Directions: After completing and signing Form 1016 submit the form to the eligible youth or young adult or to the appropriate contact person located at www.Texasetv.com

STUDENT INFORMATION

| | | |
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| Student's Full Name (Print): | PID Number or Alien Number: | Date of Birth: |
| Name of the student's biological or adoptive parents Note: ETV is not paid to a parent. | | |
| Date of Adoption (if over 16): | Other information to be noted, if applicable: | |

ELIGIBILITY CRITERIA FOR FOSTER YOUTH, ADOPTED YOUTH, YOUTH IN PERMANENCY CARE ASSISTANCE AND TEXAS JUVENILE JUSTICE DEPARTMENT (TJJD) YOUTH:

Use an X to mark all appropriate boxes:

For all categories below, the individual is a U.S. Citizen, or a Legal Permanent Resident, or has other qualified alien status.
 Youth is in DFPS conservatorship, is at least age 16, and is likely to remain in foster care until age 18; or
 Youth has aged out of DFPS conservatorship but has not yet turned 21; or
 Youth is not yet 21 and adopted from DFPS conservatorship after turning age 16; or
 Youth is not yet 21 and entered Permanency Care Assistance (PCA) program from DFPS conservatorship after age 16; or
 Young adult is in the Extended Foster Care Program; or
 Former youth who was in the custody of the Texas Juvenile Justice Department (TJJD) or under the jurisdiction of a local juvenile probation department and was in a Title IV-E placement which was receiving Title IV-E payments the day before they turn age 18.

SIGNATURE

I verify that the student listed above meets the marked eligibility criteria.

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| Name and Title of Staff verifying that the above named student is eligible for ETV: | Date Signed: |
| | Agency/Region #: |