



EMANCIPATION GOODS AND SERVICES REQUEST

State Form 55230 (R3 / 6-23)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is to be completed by the Older Youth Services (OYS) provider and submitted to the Department of Child Services (DCS) Independent Living (IL) Specialist. Approval is requested for the following Emancipation Goods and Services (EG&S) items for the below-named youth. If items are not purchased within forty-five (45) days of the date of approval, a new request must be made. Approved funds must be expended by the provider and are not to be given directly to the youth for purchase of goods or services. For further guidance, see policy 11.03 Emancipation Goods and Services.

| GENERAL INFORMATION | | |
|-------------------------------|-----------------------------|-------------------------|
| Name of youth | County of residence | Date (month, day, year) |
| Name of requesting agency | | |
| Printed Name of requestor | | |
| Telephone number of requestor | E-mail address of requestor | |
| Signature of requestor | | |

Note: There is a limit of \$1000 that may be expended for a youth throughout the provision of Voluntary Services. Approved funds must be spent before the youth's 23rd birthday.

| | Total Previous Amount Used | | Funds Requested for this Request | |
|--|----------------------------|--|----------------------------------|----------|
| Items (Check each item being requested.) | | | Estimated Cost | Approval |
| <input type="checkbox"/> Education/Training (including, but not limited to TASC / GED, post-secondary training program) | | | | |
| <input type="checkbox"/> Luggage - \$100 maximum | | | | |
| <input type="checkbox"/> Legal Documents (Birth Certificate, State ID) | | | | |
| <input type="checkbox"/> Groceries (where food pantries are not available) - \$100 maximum / per occurrence | | | | |
| <input type="checkbox"/> Bedding (sleeping bag, sheets, blankets, pillows) - \$150 maximum | | | | |
| <input type="checkbox"/> Bathroom Items (including, but not limited to cleaning supplies, towels, shower curtain, rugs, paper supplies) - \$100 maximum | | | | |
| <input type="checkbox"/> Personal Hygiene (including, but not limited to soap, toothpaste, toothbrush, hair care, deodorant, feminine products, lotion, shaving, eye care) - \$100 maximum | | | | |
| <input type="checkbox"/> Telephone (cell phone, pre-paid minutes) - \$150 maximum | | | | |
| <input type="checkbox"/> Household Items (including, but not limited to trash cans, pots/pans, silverware, small appliances, plates, glasses, cleaning supplies) - \$200 maximum | | | | |
| <input type="checkbox"/> Furniture - \$500 maximum <i>Please specify:</i> | | | | |
| <input type="checkbox"/> Work Related Items (including, but not limited to clippers and tools etc.) | | | | |
| <input type="checkbox"/> Work Clothes (including, but not limited to nursing uniform, steel toe boots) | | | | |
| <input type="checkbox"/> Other, Justified Purchases <i>Please specify:</i> | | | | |
| TOTAL | | | | |
| REMAINING BALANCE OF LIFETIME TOTAL | | | | |

I am indicating above approval or denial of requested EG&S for the above-named youth. OYS funds will only be used to pay for items listed on this form. Items listed in the "Other" line must have an attached statement identifying the need.

| | | |
|---|--|-----------------|
| Printed Name of DCS Independent Living Specialist | Signature of DCS Independent Living Specialist | Date (MM/DD/YY) |
|---|--|-----------------|