



# ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION ABOUT VARIOUS EDUCATIONAL PROGRAMS

State Form 55743 (R / 5-16)  
DEPARTMENT OF CHILD SERVICES

**INSTRUCTIONS:** *This form is to be completed by the Family Case Manager (FCM). A copy of this form must be provided to the child and the child's current caregiver. The hard copy of this form must be placed in the child's case file and uploaded in the MaGIK case file.*

Name of child	MaGIK number
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**SECTION A: This section is to be completed for children in seventh (7<sup>th</sup>) or eighth (8<sup>th</sup>) grade.**

I / we acknowledge that the Department of Child Services (DCS) has provided us with information about applying for the 21<sup>st</sup> Century Scholars program during seventh (7<sup>th</sup>) and eighth (8<sup>th</sup>) grade.

Signature of child	Date signed (month, day, year)
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Printed name of child
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Signature of caregiver	Date signed (month, day, year)
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Printed name of caregiver
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I affirm that I have presented the above child and caregiver with information about the 21<sup>st</sup> Century Scholars program.

- The child has completed the application for the program on (month, day, year) \_\_\_\_\_.
- The child needs to complete the application for the program.

Signature of Family Case Manager (FCM)	Date signed (month, day, year)
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Printed name of Family Case Manager (FCM)
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**SECTION B: This section is to be completed for all children in grades nine (9) through twelve (12) who are placed in out-of-home care or foster care.**

I / we acknowledge that the Department of Child Services (DCS) has provided us with information about applying for the 21<sup>st</sup> Century Scholars program during nine (9) through twelve (12) grade. *(Child must be in out-of-home care or foster care.)*

Signature of child	Date signed (month, day, year)
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Printed name of child
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Signature of caregiver	Date signed (month, day, year)
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Printed name of caregiver
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I affirm that I have presented the above child and caregiver with information about the 21<sup>st</sup> Century Scholars program if they were not already enrolled in the program.

- The child was already enrolled in the program.
- The child has completed the application for the program on (month, day, year) \_\_\_\_\_.
- The child needs to complete the application for the program.

Signature of Family Case Manager (FCM)	Date signed (month, day, year)
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Printed name of Family Case Manager (FCM)
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Name of child	MaGIK number
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**SECTION C: This section is to be completed for all children at their Transition Planning Case Conference which must be held at age seventeen (17).**

I/we acknowledge that the Department of Child Services (DCS) has provided us with information about each of the following:

- Pell grants
- Chafee grants
- Federal supplemental grants
- The Free Application for Federal Student Aid (FAFSA)
- Indiana Commission for Higher Education
- College Goal Sunday

I/we understand the deadlines for each of the programs listed above and know who to contact for further information about each one.

Signature of child	Date signed (month, day, year)
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Printed name of child
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Signature of caregiver	Date signed (month, day, year)
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Printed name of caregiver
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I have presented the above child and caregiver with information about each of the following:

- Pell grants
- Chafee grants
- Federal supplemental grants
- The Free Application for Federal Student Aid (FAFSA)
- Indiana Commission for Higher Education
- College Goal Sunday

I affirm that I have presented the above child and caregiver with information and the deadlines for each program listed above.

Signature of Family Case Manager (FCM)	Date signed (month, day, year)
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Printed name of Family Case Manager (FCM)
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