

# Texas Education And Training Voucher Program

Update Application Packet



**Funding provided through the Chafee Foster Care Independent Program  
Administered by The Texas Department of Family and Protective Services**

Dear Applicant:

The Department of Family and Protective Services (DFPS) is pleased to present the Education and Training Voucher Program (ETV).

The program offers funds to eligible youth to enable them to attend college, universities and vocational training institutions

It is our hope you will read the enclosed material to make sure you meet the requirements and will then complete the application.

To be considered you must mail or fax the application and all supporting documents to:

DFPS  
701 W. 51<sup>st</sup> Street, MC W-157  
Austin, Texas 78751  
Attention: David Smith or Caroline Bagues  
1-800-233-3405 (option 2)  
Fax # 512/339-5807

If you prefer, you may access the application on-line at [http://www.dfps.state.tx.us/Child\\_Protection/Preparation\\_For\\_Adult\\_Living/etv.asp](http://www.dfps.state.tx.us/Child_Protection/Preparation_For_Adult_Living/etv.asp) and download and fill out the application, provided in MS Word format.

If you need help with the application please contact your PAL Coordinator, caseworker, foster parent or foster care provider, aftercare case manager, mentor or a trusted adult for assistance. For more information please contact us at 1-800-233-3405, through email at ([etv@dfps.state.tx.us](mailto:etv@dfps.state.tx.us)) or you may visit our web sites at [www.texasyouthconnection.org](http://www.texasyouthconnection.org) or [www.dfps.state.tx.us](http://www.dfps.state.tx.us).

Sincerely,

David Smith  
Caroline Bagues  
ETV Program Specialists

# APPLICANT UPDATE FORM

Please indicate what YEAR \_\_\_\_\_

I will be attending (Check All that Apply):

- Fall
- Spring
- Summer
- Other \_\_\_\_\_

Amount Remaining: (Please contact your aftercare case manger/PAL coordinator)

TLA (Transition Living Allowance)      \$ \_\_\_\_\_

ACRB (After Care Room & Board)      \$ \_\_\_\_\_

## 1. Application Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
(Where you want your mail sent)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell Phone (        ) \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_

Source of Income  Working Full-Time     Working Part-Time

Other (specify) \_\_\_\_\_

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## 2. Contact Information

*Please provide contact information for one person who will always be able to get in touch with you.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Case Manager Information If Applicable**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please provide the name of the last county/city in which you were in foster care \_\_\_\_\_

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**3. School Information** (vocational/technical, community college, junior college, university)

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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*Type Of School You Are, Or Will Attend*

- Vocational/Technical     Community College                       Junior College  
 Four Year Institution         Other (specify) \_\_\_\_\_

College Major/Area of Study \_\_\_\_\_

*Financial Aid Office Information for the School above*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

***Living Arrangement?***

- Own Apartment
- Apartment with Roommate
- Room & Board with former foster parent
- Live with friends
- Live on Campus
- Rooming House
- Living with Relative
- Living with parent

My Plans For my future

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**Check List**

- Applicant Update Form
- Financial Aid Letter
- Current Class Schedule
- Updated Plan for the Future
- Transcripts (Current)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*In accordance with the Texas Administrative Code, Title 40, Chapter 700, Rule §700.310, you are entitled to a fair hearing if your application is not approved, or if you have been suspended or terminated from receiving ETV benefits. If you want a fair hearing, please notify the department in writing within 90 days of receiving notice.*

**Please sign only one of the agreements below**

**DATA COLLECTION AND REPORTING AGREEMENT**

I, \_\_\_\_\_, as a participant in the Education and Training Voucher program, hereby **GIVE** permission to the Department of Family and Protective Services to use all information obtained through my participation for purposes of gathering statistical information, reporting and evaluation. I understand the information gathered will be considered confidential and will only be used for the purposes stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**DATA COLLECTION AND REPORTING AGREEMENT**

I, \_\_\_\_\_, as a participant in the Education and Training Voucher program, hereby **DO NOT** give permission to the Department of Family and Protective Services to use all information obtained through my participation for purposes of gathering statistical information, reporting and evaluation. I understand the information gathered will be considered confidential and will only be used for the purposes stated above.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date