

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 () _____

Source of Income Working Full-Time Working Part-Time

Other (specify) _____

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 _____

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

School Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone () _____ E-Mail Address _____

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 _____

My Plans For the future

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

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