

Instructions: Fill out and sign this form.

Please indicate the School Year _____ Date: _____

I will be attending (Check all that apply for the School Year):

Fall **Spring** **Summer**

1. Personal Information

Last Name _____ First Name _____ Middle Initial _____

Current Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Social Security Number/ URM Alien ID Number _____

Primary #: (_____) _____ Alternate #: (_____) _____

Primary E-Mail Address _____

For URM Applicants, please list the state or agency of conservatorship _____

Check the Type of School You Attend or Plan to Attend

2. School Enrollment Information (complete the area that changed from the previous School Year).

Vocational/Technical/Career College Community College Junior College
 Dual College Credits Four Year Institution Other (specify) _____

School Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Webpage _____

College Major/Area of Study _____

Instructions: Fill out and sign this form.

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Current Phone: _____ Email: _____

Initial each of the following to acknowledge the requirements of the ETV Program:

_____ I will enroll in a college or vocational program and provide accurate and current school information, including my most recent GPA status, when applicable to BCFS Health and Human Services.

_____ I understand that the ETV Program determines the amount of my ETV award.

_____ I understand that it is my responsibility to provide updated information on my address, phone number or any other contact information to the ETV program.

_____ I understand that once I turn 21 I must meet my school's standards for satisfactory academic progress each semester to continue to receive funds from the ETV program. I understand that it is my responsibility to learn and understand my school's standards for satisfactory academic progress.

_____ I confirm I have submitted a FAFSA application for the current academic year.

_____ I agree to not commit any acts of forgery, theft or fraud involving ETV funds, or intentionally or knowingly help or attempt to help another student to commit such acts.

_____ I understand I cannot open a checking account using BCFS HHS's bank account information, or make any online purchases using BCFS HHS's account information.

_____ I understand that if there is suspicion I engaged or assisted or attempted to assist others in acts of theft, fraud, or forgery involving ETV funds or BCFS HHS's bank account, there will be a referral to law enforcement for a criminal investigation which may lead to prosecution and or termination from the ETV program.

_____ I will provide supporting documentation when requested by BCFS Health and Human Services.

_____ I understand that it is my responsibility to submit a budget worksheet for only ALLOWABLE expenses that have been determined by the school that I am attending. **Allowable expenses are listed on the budget/expense form that you are required to submit each school term/semester.**

ETV Participants' Signature _____ Date _____

***A new form is required to be completed and signed each academic year or program year.**

Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:

**BCFS-Attn: ETV - 4346 NW Loop 410, San Antonio, TX 78229
Phone: 1-877-268-4063 Fax: 210-208-5605**

ETV Coordinator email addresses are located at www.texasETV.com

***Student Classification** (Please check your current classification status)

- Freshman Junior Dual College Credit
 Sophomore Senior or above Vocational/Technical/Career School

Freshman-0-29 credit hours; **Sophomore**-30-59 credit hours;

Junior-60-89 credit hours; **Senior**-90 or more credit hours.

*Required-Information may be further verified by the ETV staff.

Contact Information

If known, please provide contact information for DFPS Case Manager, URM Program Specialist, or DFPS PAL Staff:

Last Name _____ First Name _____
Phone () _____ E-Mail Address _____

X _____
Applicant's Signature **Date**

By signing you verify that the information provided above is correct to the best of your knowledge.

Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:

BCFS-Attn: ETV

4346 NW Loop 410, San Antonio, TX 78229

Phone: 1-877-268-4063 Fax: 210-208-5605

ETV Coordinator email addresses are located at www.texasETV.com

DO NOT SUBMIT THE CHECKLIST.

Instructions (use the checklist below to ensure your application packet is complete when applying for ETV):

- Follow all document instructions when filling out the forms to be submitted.
- Make copies of all required documents on the checklist for your records and for future reference
- Submit required documents on the checklist by the posted deadline

Failure to submit a completed, signed application with required supporting documents may result in a delay or denial of the ETV application and/or check disbursements.

- A completed and signed the ETV application.
- A completed and signed DFPS Verification of ETV eligibility Form. This form must signed by either the DFPS State PAL Staff, DFPS ETV staff, DFPS Adoption Assistance Eligibility Specialist, DFPS State Office Federal/State Support Unit (TJJD) or DFPS URM Program Specialist.
- A Signed DFPS Consent for Release of Information form, if appropriate
- A Signed Participant Agreement (required each school year)
- A Copy of the Texas college tuition and fee waiver letter (if applicable).
- A copy of your current financial aid award letter (if applicable), or billing statement from the vocational training program
- A print out of your "current" class schedule which must indicate a minimum of six (6) credit hours enrolled.
- A print out of your most recent transcript if previously enrolled in school before applying for ETV (To verify GPA and credit hours for classification status)
- A Completed Budget/Expense Form (submitted each semester)
- A Completed Request of Funds form and supporting documents (submitted with the Budget/Expense form)

Note-Out of state youth-The Texas ETV program does not serve students that aged out of foster care from another state and are attending school in Texas. The student must contact the state where the student aged out of foster care to apply for ETV.

Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:

BCFS-Attn: ETV

4346 NW Loop 410, San Antonio, TX 78229

Phone: 1-877-268-4063 Fax: 210-208-5605

ETV Coordinator email addresses are located at www.texasETV.com



NAME OF STUDENT (Print): _____

**CONSENT FOR RELEASE OF INFORMATION
FOR THE EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM**

Your participation in the Education and Training Voucher (ETV) Program is protected by Federal and State confidentiality laws. As a condition of enrolling in the ETV program, certain personal information will need to be shared with another person, business or school representative for the purpose of making financial arrangements using ETV funds. The ETV Provider may make these financial arrangements to secure housing, pay tuition and fees, pay for child care, books, or set up payments for utility/phone accounts.

Note-Students enrolled in the ETV Program and attending the *first and second academic year* of a higher education institution (including vocational/technical schools) must have basic living expenses paid directly to a landlord, vendor, or school. This consent allows the ETV Provider to make such payment arrangements.

I understand that I may cancel this consent at any time by informing the ETV Provider in writing.

I authorize and request BCFS Health and Human Services to release information to arrange financial assistance using ETV funds.

If known, please indicate which people or businesses that the ETV Provider may release my information to. This information may be provided after approval for the ETV Program and attachments may be included.

Name _____ Phone Number or email _____
(Ex-University of Texas-Financial Aid Office)

Name _____ Phone Number or email _____
(Ex.-ABC Apartment Complex)

Name _____ Phone Number or email _____
(Ex-XYZ Utility Co.)

I decline to have my personal information released.

By declining, ETV payments may be delayed.

I have read and understand the Consent to Release information outlined in this document. I understand that any information about me may not be released, verbally or in writing, without my written consent.

Signature _____ **Date** _____
(Student)

A new consent form must be signed each year (from the date above or earlier) that you are enrolled in the ETV program.

Request of funds Instructions

What is a Request of Funds form?

A request of funds form allows the ETV Coordinator to send payment directly to the vendor and/or individual requesting payment.

How do I submit for Payment? (PLEASE READ CAREFULLY)

1. Enter Tax ID # (for Vendors) or Social Security # (for Individuals), if applicable.
2. Enter the complete name and address of the vendor or individual receiving the payment.
3. Enter the dates each request of payments, the description of goods and the amount. For example: January 2020- May 2020, rent, \$500.00
4. Enter your name and contact phone number.

Please note: The cutoff date for monthly requests is the 3rd Friday of each month. Anything received after this date will be processed the following month.

You're Done!

*Please remember that each time you request funds, a Request of Funds form must be completely filled out for each request, and attached to the receipts, invoices, or supporting documentation; documents should show the exact amount of the payment requested.

Tax ID#/SSN#: _____

Name: _____

Address: _____

Change of address

FY

Date	Description of Goods	Amount

Youth Name: _____

Phone Number: _____

ETV Program
4346 NW Loop 410
San Antonio, TX 78229

For more information :
Phone: 1-877-268-4063
Fax: 210-208-5605
www.TexasETV.com

Approved By:

ETV Coordinator

Date

Program Director, Regional Director, or Executive Director

Date

Budget Worksheet

Complete the Budget Worksheet by estimating how you plan to budget the amount of ETV awarded to you. Not all items may apply to you. If you are planning to attend 2 semesters or more in one year you will need to budget for all semesters by taking the total amount of the ETV award and splitting it evenly between the number of semesters you will be attending for the school year. For example, if you receive the maximum amount of \$5,000.00 for the school year and are going for 2 semesters you would budget for two semesters at \$2,500.00 for each semester. If you are planning to attend for 3 semesters the \$5,000.00 would need to be split into thirds, \$1,666.67 for two semesters and \$1,666.66 for the third semester.

Remember ETV will only be able to issue your remaining ETV funds on allowable expenses based on the balance you have each semester after tuition, housing and utilities have been covered. Please contact your ETV Coordinator if you need assistance.

Youth are eligible only for the amount of cost of attendance that will not be paid for by other sources. In addition, cost of attendance can vary depending on if the youth is a full-time, half-time or dual credit student.

Youth Name:	<u>Fall</u> Sept-Dec	<u>Spring</u> Jan-May	<u>Summer</u> June-Aug	<u>Total</u>
<i>Residential Housing or Room/Board</i>				
<i>Tuition/Fees</i>				
Vocational (Training program)				
Educational				
<i>Utilities</i>				
<i>Transportation</i>				
Vehicle Insurance				
Fuel				
Maintenance/Repairs				
Purchase of Bicycle				
Bus pass				
<i>Medical</i>				
<i>Books/Related Supplies</i>				
Books				
School Supplies				
<i>Computer</i>				
Laptop				
Computer Supplies				
Software				
<i>Food</i>				
<i>Clothes/Personal Hygiene</i>				
<i>Childcare</i>				
Total				