



Dear Independent Living Youth:

In response to your request for entry into the PESS Program enclosed you will find a packet of documents you must complete and return to address listed below. We MUST receive all these completed documents before we can determine your eligibility for the program.

Upon receipt of the completed documents, you will be contacted by an Independent Living staff member to confirm receipt. Within 10 business days of receipt of the required documents you will be provided written notice either approving or denying your application.

- Post Secondary Education Services and Support Application
- Client's Rights and Responsibilities
- Authorization for Release of Information form and this must have a witness signature.
- Signed HIPPA Form/ Notice of Privacy Practices
- Documentation showing proof of your enrollment in 9 credit hours and or full-time in a Post Secondary institution of higher education. Login username to and password to school portal must be provided to Coordinator.
- Proof that you have applied for FAFSA.
- Client Contact Frequency Agreement Form.
- A copy of your High School Diploma or GED.

Please send this information to:

**Kids Central, Inc.
C/O Carol Wilcoxon
901 Industrial Dr. Suite 200
Wildwood, FL 34785**

or you may fax the information to my attention at 352-387-3558

If you have any questions, please call me at 352-387-3531.

Sincerely,

Carol Wilcoxon
Independent Living Administrator



Postsecondary Education Services and Support (PESS) Initial and Renewal Application

Here are a few things you need to know before you complete this application:

What is PESS? Postsecondary Education Services and Support (PESS) is a program for eligible youth and young adults currently and formerly in foster care that provides a monthly financial stipend to assist the student in meeting the costs of attending a Florida Bright Futures-eligible postsecondary educational institution.

*If the school you are attending is **NOT** a Florida Bright Futures-Eligible School, you may be eligible to receive a monthly ETV stipend.*

What is ETV? Education and Training Voucher (ETV) is a federal program for eligible youth and young adults currently and formerly in foster care that provides a financial stipend that can be used to assist the student in meeting the costs of attending a non-Florida Bright Futures-eligible postsecondary educational institution.

What happens after I complete this application?

A decision will be made within 10 business days of the date you submit this application to your case manager or other designated staff.

If your application has been **approved**, your case manager or other designated staff will discuss the program requirements and your ongoing responsibility to meet the program requirements to remain eligible for a stipend, such as:

- Submit enrollment and course schedule information, as required;
- Maintain academic progress;
- Complete the number of required hours each semester or grading period;
- Notify your case manager of any changes in your education program or course schedule;
- Notify your case manager of any changes to your address or contact information;
- Submit grades and course completion information, as required;
- Submit a renewal application every year in order to continue your stipend.

You will also receive information from your case manager or other designated staff about the amount of your monthly stipend, the date you will begin to receive a stipend and any additional eligibility requirements.

If your application is **denied**, you will receive a notice stating why you are not eligible to receive benefits, and information on how to appeal this decision should you choose to do so. You will also receive information about other services that may be available to you, including Extended Foster Care, funding through Education and Training Vouchers, Aftercare Services, and services that are locally available.

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If **additional information is needed**, you will be advised of the supporting documentation you must provide. You will have 10 business days to provide the supporting documentation.

Name: (Please Print) _____ Date of Birth: ____/____/____

Contact Information:

Address: _____

Telephone #: _____ Email Address: _____

Text# or Facebook (if applicable): _____

Alternate Contact:

Name: _____

Relationship to Applicant: _____

Telephone #: _____ Email Address: _____

State and County where dependency court was held when you were in foster care:

State: _____ County: _____

Are you currently a Florida resident? Yes ____ No ____

Have you earned a standard high school diploma or its equivalent? Yes ____ No ____
If yes, what is the date you earned a high school diploma or its equivalent? ____/____/____

The name and contact information for the school, educational program, or other program that issued your diploma, GED or equivalent: _____

Postsecondary Education Services and Support (PESS) Initial and Renewal Application

I am enrolled full-time (at least 9 credit hours) in a postsecondary educational institution that:

_____ IS a Bright Futures-eligible school.

(https://www.floridastudentfinancialaidsg.org/admin/SAWELIGPSI_ByProg.asp)

_____ IS NOT Bright Futures-eligible.

Name of the Postsecondary Educational Institution you are attending or planning to attend:

I have completed a Free Application for Federal Student Aid (FAFSA): Yes _____ No _____

If yes, what is the date you submitted the FAFSA? ____/____/____

Your current academic level:

Vocational School _____ College Freshman _____ College Sophomore _____

College Junior _____ College Senior _____ Other: _____

Are you requesting an accommodation for a disability? Yes _____ No _____

If yes, provide information about the disability and the type of accommodation you are requesting:

Are you applying for a renewal of PESS? Yes _____ No _____

If yes, have you maintained standards of academic progress as defined by your current postsecondary educational institution? Yes _____ No _____

Documentation: Please hand-deliver or scan and email a copy of the following documents to your case manager or other designated staff. Notify your case manager or other designated staff if you need assistance in getting copies of these documents.

1. Standard High School Diploma, GED or equivalent.

2. **Class schedule** if you are currently attending a Bright Futures-eligible postsecondary educational institution OR **admissions letter** to a Bright Futures-eligible postsecondary educational institution.

3. If you are requesting an accommodation for a disability, please provide **both** of the following documents:

Documentation of a disability that prevents you from maintaining the minimum enrollment of 9 credit hours or the vocational school equivalent of full-time attendance; AND

4. If you are applying for a renewal of PESS, please provide a copy of all report cards (or equivalent) you have received since your last application.

Postsecondary Education Services and Support (PESS) Initial and Renewal Application

I understand that as part of participation in the PESS program, I am consenting that the Department, my case manager or other designated staff will have access to my educational records. I have signed a separate release for each educational institution so staff can verify my enrollment and academic progress.

Please sign your initials _____

Applicant's signature: _____

Date: ____/____/____

To be completed by the Case Manager:

Case Manager's Contact Information:

Name: (Please Print) _____

Agency: _____

Address: _____

Telephone #: _____ Email Address: _____

Case Manager: Document receipt of the application, ensure the section for your contact information is completed, and provide a copy of the application to the applicant.

This application was received:

In person _____ Via email _____ Postal or other mail delivery _____

Date application received: ____/____/____

Case Manager's signature: _____

Postsecondary Education Services and Support (PESS) Initial and Renewal Application

To be completed by Case Manager for the Young Adult's file

This application IS complete, and the applicant will receive a decision on this application no later than: ____/____/____.

This application IS NOT complete and the applicant will receive information on the outstanding items no later than: ____/____/____. The outstanding items are: _____

Eligibility Determination:

Young adult meets all eligibility criteria for PESS.

Young adult does NOT meet all eligibility criteria for PESS.

Note: If the young adult is ineligible for PESS due to lack of attendance at a Bright Futures-eligible institution, the young adult may still be eligible for Education and Training Voucher (ETV) support. Use the information below to determine whether the youth/young adult is eligible for ETV support.

ETV ELIGIBILITY REQUIREMENTS

Must be a current or former foster student who:

- was in foster care on his/her 18th birthday and aged out at that time.

OR

- was adopted from foster care with the adoption finalized AFTER his/her 16th birthday.

OR

- will have his/her foster care case closed between the ages of 18 and 21.

Must be a U.S. citizen or qualified non-citizen.

Must be at least 17 but younger than 21 to apply for the first time. Reapplication for ETV funds, if the youth/young adult has a current grant, may occur up to the age of 23.

Must have been accepted into or be enrolled in a degree, certificate or other accredited program at a college, university, technical, vocational school. To remain eligible for ETV funding, the student must show progress toward a degree or certificate.

Postsecondary Education Services and Support (PESS) Initial and Renewal Application

To be completed by the Case Manager in Consultation with the Young Adult
This information is required by federal statute to access funding through ETV.

YOUR Budget – a Tool For Success			
Name: _____		Date: ___ / ___ / ____	
Income	per month	EDUCATION RELATED EXPENSES	per semester
Work	\$	Tuition and Fees	\$
Other –IL stipend, state aid	\$	Housing	\$
Other-ex: child support	\$	Meal Plan	\$
Total	\$	Books	\$
LIVING EXPENSES	per month	Total school expenses	\$
Rent	\$	School Related Funding	per semester
Child Care	\$	Pell Grant	\$
Food	\$	Other Grants/ Scholarships	\$
Electric	\$	Student Loans	\$
Natural Gas	\$	Total financial aid	\$
Water	\$	ETV funding may be used to pay: Tuition - Outstanding school balance - On-campus room and board or rent Meal card or groceries - Books and school supplies (such as uniforms, tools, equipment) - Study abroad through qualifying schools Once these expenses have been covered, funds may be used for other expenses up to the Cost of Attendance (COA): Transportation - Health insurance Disability service - Dependent child care expenses to licensed providers	
Phone	\$		
Cable/Internet	\$		
Gas	\$		
Auto Insurance	\$		
Car Payment	\$		
Maintenance	\$		
Bus Pass; Public Transportation	\$		
Dining out, movies, etc.	\$		
Personal Care	\$		
Health Insurance	\$		
Savings	\$		
Other	\$		
Total Living Expenses	\$		

Postsecondary Education Services and Support (PESS) Initial and Renewal Application

To be completed by the Supervisor:

<p>_____ This application is Approved.</p> <p>_____ This application is Denied. Reason for denial: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Supervisor's Signature: _____</p> <p>Date: ____/____/____</p>
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Postsecondary Education Services and Support (PESS) Initial and Renewal Application

NOTICE OF INSUFFICIENT DOCUMENTATION

_____		____/____/____	
Name of Young Adult		Date of Birth	
_____		____/____/____	
Name of Case Manager or Designated Staff (Print)	Signature	Date	
_____		_____	
Address	City	State	Zip Code
_____		_____	
Phone	Email		

More documentation is required to process your application for Postsecondary Education Services and Support (PESS). Please provide your case manager or designated staff the following information within 10 business days:

If you do not provide the required documentation, your application will be denied; however, you can reapply as soon as you gather the documentation.

[A copy of this signed form shall be provided to the young adult by the case manager/designated staff.]



Client Rights & Responsibilities

Kids Central Inc. is committed to providing the highest quality service to the children and families in Citrus, Hernando, Lake, Marion and Sumter Counties in Florida. As the lead agency for community-based care in Circuit 5, Kids Central provides independent living services directly throughout the circuit. Whenever youth are actively receiving services the following is expected:

- That each person served will be treated with dignity and respect regardless of age, sex, religion, race, ethnic or cultural background, sexual preference, or disability.
- That each person will receive the right to be heard to include being provided the opportunity to participate in the decision making process and service plan.
- That the transition plan developed will be provided in writing in a language that you can understand.
- That appropriate services will be provided to you in your community and delivered by qualified staff in a professional manner.
- That your rights to privacy and confidentiality will be guaranteed in accordance with applicable law.
- That the Independent Living Staff will provide you with a Clients Rights and Responsibilities Information Fact Sheet and Due Process Rights. If you are dissatisfied with the services they provide, you can file a grievance.
- **First, if dissatisfied with the response from specialist, please contact the Independent Living Supervisor, Lindsey Tew at 352 - 387-3511 (office)**
- Then if you fail to receive a timely response to any grievance filed or you are dissatisfied with the response, you can seek assistance from the Kids Central Clients Rights/Ombudsman by calling (352) 873-6332.
- That you will be open and honest with Kids Central, Inc. staff.
- That to the best of your ability you cooperate with service plans, service providers, the court system and others who are working to assure that your child's best interest is served.

Youth Signature: _____
Date: _____

Please keep one copy for your record and return the signed and dated copy.



VERY IMPORTANT DOCUMENT
AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____ SS# _____ Birth date: _____

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

Telephone Number: (_____) _____

I hereby request and authorize, Kids Central Inc. Independent Living Staff / Department of Children & Families
to obtain from or release to _____
(School)

The following information from my records (initial or check to authorize release)

Educational Information _____ Other (must specify): _____

For the purpose of school verification required as proof of eligibility for the Independent Living program.

This Information will be used solely for the purpose of educational consultation, advocacy and monitoring for:

Form in which information may be released: Written Verbal Electronic

REQUIRED- PLEASE CALL YOUR INDEPENDENT LIVING FACILITATOR IF YOU HAVE QUESTIONS

Valid Authorization Dates: (_____) - (_____) (Valid one year from date of signature)
(Today's date) (1 year from today's date)

All information I authorize to be obtained from this agency will be strictly confidential and cannot be released by the recipient without my express written consent.

You may refuse to sign this authorization. We will not condition treatment or payment on your providing this authorization (subject to exceptions).

I understand that if the person or organization that receives this information is not a health care provider or plan covered by federal privacy regulations, the information described above may be re-disclosed and would no longer be protected by these regulations.

I understand that unless otherwise limited by state or federal regulations and except to the extent that action has been taken based on my prior authorization, I may revoke this authorization at any time.

_____ Date
Clients signature

_____ Legal Representative Signature
Print Clients name

_____ Date
Witness Signature

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure without specific written consent of the person, to whom it pertains, or as otherwise permitted, by such regulations. A general authorization for release of medical or other information is not sufficient for this purpose.

"No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance".





**Florida Department of
Children and Families
Notice of Privacy Practices**

HIPAA Privacy Officer
1317 Winewood Blvd., Bldg. 1, Room 110
Tallahassee, FL 32399-0700
Phone: (850) 487-1901 FAX: (850) 921-8470
Website: www.mvffamilies.com/hipaa

**Your Information.
Your Rights.
Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

**Your
Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

➤ **See page 2** for more information on these rights and how to exercise them

**Your
Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

➤ **See page 3** for more information on these choices and how to exercise them

**Our
Uses and
Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

➤ **See pages 3 and 4** for more information on these uses and disclosures



KIDS CENTRAL, INC.

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

Building Better Lives

Client Contact Frequency Agreement Form

Date: _____

Client Name: _____

Independent Living Coordinator: _____

As an active participant on an academic scholarship I'm aware that I, _____, am required to have contact on a monthly bases with my Independent Living Coordinator. My preferred method of communication is:

- Phone
- Text messaging
- E-mail
- Office Visit
- Home Visit

I am aware that I can alter my contact agreement if needed by contacting my assigned coordinator.

Participant Signature

Date

IL Coordinator

Date

