

STATE OF FLORIDA – DEPARTMENT OF CHILDREN AND FAMILIES

TRANSITIONAL SUPPORT ELIGIBILITY APPLICATION

SECTION A: APPLICANT CERTIFICATION

The information I am supplying in this application is true, complete and correct. To the best of my knowledge and belief, I am eligible for this program as defined under Florida law.

Applicant's Signature _____

Date _____

NOTICE: If you purposely give false information on this form, you may be subject to fine or imprisonment or both under Section 937.06, Florida Statutes.

SECTION B: Demographic Information – The Department of Children and Families will communicate with you based on information you supply in this portion of your application. It is your responsibility to keep this information current. Should your contact information change please contact _____ at _____.

Questions marked with an asterisk (*) require a response

1. *Social Security Number _____
2. *First Name _____ MI _____ *Last Name _____
3. Home Phone Number _____ Work Phone Number _____
4. Email Address _____
5. *Street Address/PO Box _____ Apt # _____
6. *City _____ *State _____ *County _____ *Zip Code _____
7. *At the time of your 18th birthday will you be or were you adjudicated dependent and in the legal custody of the State of Florida? (Documentation attached)
Yes _____ No _____
8. *Did you spend or will you have spent at least 6 months living in foster care before reaching your 18th birthday?
Yes _____ No _____

9. * Date of Birth: _____

10. Gender: Male _____ Female _____

SECTION C: Plan for Self-Sufficiency

1. Describe young adult's plan for self-sufficiency:

2. What activities are the young adult currently involved in to achieve their self-sufficiency plan?

3. What personal supports do the young adult have to help them achieve their self-sufficiency plan?

4. What services are needed in order to achieve the self-sufficiency plan and develop a personal support system?

Section D: Services to be Provided

The following services will be provided to this young adult in order to assist in achieving their self-sufficiency plan: (These services may include financial, housing, counseling, employment, education and other services)

- 1.
- 2.
- 3.
- 4.
- 5.

Projected Date of Self-Sufficiency Plan achievement (subject to change): _____

Date of next review of the Self-Sufficiency Plan: _____

Reviewing Authority Signature Title Date

Approval Administrator (if different from above) Title Date

Appeals Process

(a) Informal appeal. An applicant who believes that the department has made an error in determining the applicant's eligibility or continuing eligibility to receive services through the programs described in this section shall first seek to resolve the matter by contacting the Program Administrator of the Family Safety Program Office in the District. The Program Administrator shall respond in writing to the applicant within 30 days of receipt of the contact, either granting or denying eligibility, and, if eligibility is denied, advising the applicant that he or she has 30-days from the issue date of the decision to appeal.

(b) If the applicant is not satisfied with the response received from the District Family Safety Program Administrator, the applicant may file a formal written appeal of the decision using the following procedure:

1. The appeal shall be made to the Director of the Office of Family Safety, 1317 Winewood Boulevard, Tallahassee, Florida 32399. The written appeal must fully describe the nature of the error the applicant believes has been made and must contain documentation, which supports the

applicant's claim of eligibility. A copy of the response of the District Program Administrator of the Family Safety Program Office must be attached to the written appeal.

2. The appeal must be postmarked within thirty (30) days of the issue date of the response of the District Program Administrator of the Family Safety Program Office. An applicant who fails to file a timely appeal waives the right of appeal.

3. The Director must respond to the applicant in writing within thirty (30) days of receiving the appeal. The response will either deny or grant the appeal. If the appeal is denied, the applicant must be notified that he or she has 30-days from the issue date to file a further appeal.

4. An applicant who wishes to appeal the decision of the Director may request further review by the Secretary of the Department, stating in writing the reason for the request and providing documentation to support the appeal. This appeal must be made within thirty (30) days of the issue date of the decision of the Director of the Family Safety Program. An applicant who fails to file a timely appeal waives the right of appeal.

5. The Secretary, after reviewing all documents provided, will issue a Final Order either finding the applicant eligible or ineligible for the requested services. If the order finds the applicant ineligible, it will contain language advising the applicant of the right to appeal pursuant to the provisions of s. 120.68, Florida Statutes.

SECTION D: Payment Information: (if receiving Transitional Support Cash Assistance)

If approved, I direct the Department to release funds in the following manner: (select just one option)

I elect to have my current foster/group home parent or provider receive 100% of the transitional support funds payable in their name for my room, board, and expenses.

Name transitional support funds should be payable to:

Address: _____
City _____, State _____ Zip code _____

or

I elect to have my monthly transitional support funds payment in 2 (two) separate checks. One check payable to my current foster/group home parent or provider in the amount of \$ _____, and another check payable to me in the amount of \$ _____.

Name transitional support funds should be payable to:

Address: _____
City _____, State _____ Zip code _____

or

I elect to receive 100% of the monthly transitional support funds payment amount payable directly to me in my name

I am aware that I may request to change my pay out option at any time but it will take 30 to 45 days for the change to take effect.