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| **INDEPENDENT LIVING PARTICIPANT PAYMENT REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PARTICIPANT NAME:** | | | | |  | | | | | | | | | | | | **SSN:** | | | | |  | | | | | | | |
| **PARTICIPANT DOB:** | | | | |  | | | | | | | | **AGE:** | | |  | | | | | | |  | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
| **SCHOOL NAME:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **DEGREE TYPE:** | | | | | |  | | | | | | | | | | | | | **STATUS:** | | | | | | |  | |  | |
|  | | | | | | **(**Not Post, Trade/Voc, Academic**)** | | | | | | | | | | | | |  | | | | | | | **(**PT or FT**)** | |  | |
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| **PAYMENT REQUESTED FOR:** | | | | | | |  | | **/** | |  | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | Month | | | | | | |  | Year | | |  | | | | | | | | | | | |
| **TYPE OF PAYMENT:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ALLOWANCE:** | | | $ | |  | | | **IL REVIEW COMMITTEE?** | | | | | | | | | | | | | | | |  | | | | | |
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| **AFTERCARE:** | | | $ | |  | | | $ | |  | | | | | | | | | | $ | | | |  | | | | | |
|  | | | | | Room & Board | | |  | | Other Expenses | | | | | | | | | |  | | | | Total | | | | | |
| **RTI SCHOLARSHIP:** | | | $ | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | |  | | |  | | **LIVING ARRANGEMENT**: | | | | | | | | | | | | | |  | | | | | |
| **PESS:** | | | $ | |  | | |  | |
|  | | |  | |  | | |  | |  | | | | | | | | | | | | | | (Group Home, Foster Home, or Other Supervised Living Arrangement ONLY) | | | | | |
| **CHECK(S) MADE OUT TO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **NAME:** |  | | | | | | | | | | | | | | | | | | **AMOUNT:** $ | | | | | | |  | | |
|  | **ADDRESS:** |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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|  | **NAME:** |  | | | | | | | | | | | | | | | | | | **AMOUNT:** $ | | | | | | |  | | |
|  | **ADDRESS:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **NAME:** |  | | | | | | | | | | | | | | | | | | | **AMOUNT:** $ | | | | | |  | | |
|  | **ADDRESS:** |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| **CDS COUNSELOR:** | | | |  | | | | | | | | | | | | | | | | **DATE:** | | | | |  | | | | |
| **APPROVED BY CDS:** | | | |  | | | | | | | | | | | | | | | | **DATE:** | | | | |  | | | | |
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| **INFORMATION ON THIS FORM THAT HAS CHANGED FROM THE PREVIOUS MONTH MUST BE CIRCLED.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FORMS MUST BE SUBMITTED TO CDS DATA SYSTEMS NO LATER THAN THE 14th OF THE MONTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |