|  |
| --- |
| **INDEPENDENT LIVING PARTICIPANT PAYMENT REQUEST** |
| **PARTICIPANT NAME:** |   | **SSN:** |   |
| **PARTICIPANT DOB:** |   |  **AGE:** |   |  |
|  |  |  |
| **SCHOOL NAME:** |   |
| **DEGREE TYPE:** |   | **STATUS:** |   |  |
|  | **(**Not Post, Trade/Voc, Academic**)** |  | **(**PT or FT**)** |  |
|  |
| **PAYMENT REQUESTED FOR:** |   | **/** |   |  |
|  | Month |  | Year |  |
| **TYPE OF PAYMENT:** |
| **ALLOWANCE:** | $ |   | **IL REVIEW COMMITTEE?**  |   |
|  |  |  |  |  |  |
|  **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:** |   |  |
|  |  |   |
|  | **NAME:** |   | **AMOUNT:** $ |   |
|  | **ADDRESS:** |   |
|  |  |   |  |
|  | **NAME:** |   | **AMOUNT:** $ |   |
|  | **ADDRESS:** |   |  |
|  |  |   |  |
|  |  |  |
| **CDS COUNSELOR:** |   | **DATE:** |   |
| **APPROVED BY CDS:** |   | **DATE:** |   |
|  |  |  |  |
| **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** |