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|  | **Postsecondary Education Services and Support (PESS) AND Education and Training Voucher (ETV) Initial, Renewal and Reinstatement Application** |

***Here are a few things you need to know before completing this application for eligibility determination:***

***What is PESS?*** Postsecondary Education Services and Support (PESS) is a state program for eligible former foster youth to receive the skills, education, and support necessary to become self-sufficient and have lifelong connections to supportive adults. Depending on certain statutory conditions, eligible youth may receive a monthly financial payment of$1,720; this may include applicable ETV funding. *[See Page 7 for additional criteria that must be determined prior to the disbursement of ETV funds.]* The financial award is to secure housing, utilities, and assist with cost of living while attending a Florida Bright Futures-eligible postsecondary educational institution.

**Initial Eligibility** is limited to applicants:

Who turned 18 in the legal custody of the Department or are currently living in licensed care and who have spent at least six months in licensed care before turning 18;

**OR**

Who were at least 16 years of age when adopted from foster care or placed with a court-approved dependency guardian after spending at least 6 months in licensed care within the 12 months immediately preceding such adoption or placement;

AND

Have earned a high school diploma, or its equivalent;

AND

Have been admitted as a full-time student or its equivalent in an eligible postsecondary educational institution or as a part-time student if he or she has a recognized disability or other challenge or circumstance that would prevent full-time attendance. The term “full-time” means at least 9 credit hours or the vocational school equivalent;

AND

Have reached 18 years of age but is not yet 23 years of age;

AND

Have submitted a Free Application for Federal Student Aid (FAFSA);

AND

Have applied for any grants and scholarships for which the applicant may qualify;

AND

Have signed an agreement to allow the department or community-based care lead agency access to school records.

**Renewal and Reinstatement Eligibility** is limited to applicants that meet all the above

AND

Maintain standards of academic progress as defined by the educational institution.

***If the school you are attending is NOT a Florida Bright Futures-eligible School, you are NOT eligible for PESS; however, you may be eligible to receive ETV funding.***

***What is ETV?*** Education and Training Voucher (ETV) is a federal grant provided to states to help fund eligible former foster youth who are enrolled in postsecondary programs. There are specific eligibility requirements for funding and states have some discretion to limit or expand eligibility. Florida has determined that funding may be provided to youth who have reached 18 years of age but are not yet 23 years of age. The initial application for these funds must be received before the young adult’s 21st birthday. ETV grant funds are limited; therefore, financial assistance will be administered on a first come, first served basis.

The financial amount provided to the approved **ETV Only** applicants *[those applicants not currently approved for PESS]* cannot exceed the attending postsecondary educational institution’s cost of attendance (COA) nor can it exceed the federally established maximum amount of $5,000 for each state fiscal year. *[The state fiscal year is defined as July 1 of a calendar year through June 30 of the next calendar year.]* The financial amount determined must be based on the completed financial needs assessment found on Page 7 of this application, as well as adhering to the COA and maximum ETV amount provisions. Once the financial amount is determined, it is up to the discretion of the Community-Based Care Lead Agency as to how these funds are disbursed to the eligible youth/young adult.

***What happens after I complete this application?***

A decision will be made within 10 business days of the date you submit this application.

If your application has been **approved,** a child welfare professional will discuss the program requirements and your ongoing responsibility to remain eligible for funding, such as:

* Submit enrollment and course schedule information, as needed;
* Maintain academic progress;
* Complete the number of required hours each semester or grading period;
* Notify the child welfare professional of any changes in your education program or course schedule;
* Notify the child welfare professional of any changes to your address or contact information;
* Submit grades and course completion information, as required; and,
* Submit a renewal application every year in order to continue your stipend. *[For ETV Only applicants, this renewal application is used to determine the amount of ETV financial assistance provided each state fiscal year]*.

You will also receive information from the child welfare professional about the amount of your monthly payment, the date you will begin to receive the payment and any additional eligibility requirements.

If your application is **denied,** you will receive a notice stating why you are not eligible 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, Aftercare Services, and any community services that are locally available.

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.

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|  | **PESS and ETV** **Initial, Renewal and Reinstatement Application** |

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| Contact Information: (Please Print) |
|  Applicant Name: |       |  Date of Birth: |       |  |
|  (mm/dd/yyyy) |

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| --- | --- | --- |
|  Address: |       |  |
|  Telephone  Number: |       |  Email Address: |       |  |
|  Text# or Facebook (if applicable): |       |  |
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| Alternate Contact: |
|  Name: |       |  |
|  Relationship to Applicant: |       |  |
|  Telephone  Number: |       |  Email Address: |       |  |
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| State and County where dependency court was held when you were in foster care: |
|  State: |       |  County: |       |  |
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| Are you currently a Florida resident? [ ]  Yes [ ]  No |

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| 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? |       |  |
|  (mm/dd/yyyy) |
| The name and contact information for the school, educational program, or other program that issued your diploma, GED or equivalent:       |

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| I am enrolled full-time (at least 9 credit hours) in a postsecondary educational institution that: [ ]  IS a Bright Futures-eligible school.  Reference: <https://www.floridastudentfinancialaidsg.org/admin/SAWELIGPSI_ByProg.asp?ByProg=BF> [ ]  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? |       |  |
|  (mm/dd/yyyy) |

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| 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 or reinstatement of PESS? [ ]  Yes [ ]  NoAre you applying for a renewal or reinstatement of ETV? [ ]  Yes [ ]  No |
| If yes, have you maintained standards of academic progress as defined by your current postsecondary educational institution? | [ ]  Yes [ ]  No |

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| Documentation: Please hand-deliver or scan and email a copy of the following documents to the Child Welfare Professional. Notify him or her if you need assistance in getting copies of these documents.1. Standard High School Diploma, GED or equivalent; [This is required for Initial applications only.]2. Class schedule if you are currently attending a postsecondary educational institution OR admissions letter to a postsecondary educational institution;3. If you are requesting an accommodation for a disability, please provide documentation of that 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 or reinstatement of PESS/ETV, please provide a copy of all grades and other related academic records you have received since your last application. |

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| I understand that as part of participation in PESS/ETV, I am consenting that the Department, or the Child Welfare Professional assigned to me, 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: \_\_\_\_\_\_\_ |

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| Applicant’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_      \_\_\_\_\_\_\_\_\_ |

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| **To be completed by a Child Welfare Professional:** Contact Information: |
|  Name (please print): |       |  |
|  Agency: |       |  |
|  Address: |       |  |
|  Telephone Number: |       |  Email  Address: |       |  |
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Child Welfare Professional: Document receipt of the application, ensure the section for your contact information is completed, and provide a copy of the application to the applicant.

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| This application was received: [ ]  In person [ ]  Via email [ ]  Postal or other mail delivery  |
| Date application received: |       |  |
|  (mm/dd/yyyy) |
| Child Welfare Professional Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**To be completed by Child Welfare Professional for the Young Adult’s file**

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| This application is complete, and the applicant will receive a decision on this application no later than: | (mm/dd/yyyy)      |
| This application IS NOT complete and the applicant will receive information on the outstanding items no later than: | (mm/dd/yyyy)      |
| The outstanding items are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| PESS Eligibility Determination: [ ]  Applicant meets all eligibility criteria for PESS. [ ]  Applicant does NOT meet all eligibility criteria for PESS.NOTE: If the applicant is ineligible for PESS due to lack of enrollment at a Bright Futures-eligible school, he or she may still be eligible for ETV financial assistance. Use the information below to determine whether the applicant is eligible for ETV Only financial assistance. ETV Only Eligibility Determination:  [ ]  Applicant meets all eligibility criteria for PESS but is not Bright Futures-eligible. [ ]  Applicant is enrolled in a Title IV, degree, certificate or other accredited program at a college, university, technical, or vocational school. [ ]  Applicant has not reached his/her 21st birthday *{For initial applications only.}* [ ]  Applicant has or had received ETV for the first time before their 21st birthday *{For renewal or reinstatement applications only.}*.NOTE: To remain eligible for ETV, the applicant must show progress toward a degree or certificate as detailed in requirements for PESS renewal and reinstatement. Reapplication for ETV may occur up to the age of 23. |
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**Cost of Attendance Worksheet**

**To be completed by the Child Welfare Professional in consultation with the applicant:** This information is required by federal statute to access funding through ETV. Most postsecondary educational institutions have a Cost of Attendance (COA) worksheet already available or will provide the estimated calculations or cost of the school year on their website. Please include any COA supporting documentation used to complete this application.

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| **COA Annual Expenses\*** | **On Campus** | **Off Campus** |
| Tuition and Fees Out of State  | $      | $      |
| Tuition and Fees In State  | $      | $      |
| Books and Supplies  | $      | $      |
| Housing and Food  | $      | $      |
| Transportation  | $      | $      |
| Computer  | $      | $      |
| Student Loan Fees  | $      | $      |
| Dependent Child Care  | $      | $      |
| Disability Service  | $      | $      |
| **Total COA Annual Expenses:** | $0.00 | $0.00 |
| **Approved Annual Amount of ETV Financial Assistance****Note:** Financial amount provided for the state fiscal year cannot exceed $5,000 or the postsecondary educational institution’s COA. | $      | $      |

\*ETV funds may be used for the following (listed in order of priority):

Tuition

Outstanding School balance

On-campus room and board

Meal cards

Books and school supplies (such as uniforms, tools, equipment)

One Computer package

Federal Student Loans

Study abroad through qualifying schools

Rent

Food

Transportation

Disability service

Dependent child care expenses to licensed providers

**To be completed by the Child Welfare Professional or Designated Approval Administrator:**

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| [ ]  This application is Approved.[ ]  This application is Denied. Reason for denial (include denial of ETV funds if applicable):     Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTICE OF INSUFFICIENT DOCUMENTATION**

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|       |  |       |
| Name of Applicant |  | Date of Birth (mm/dd/yyyy) |

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|       |  |  |  |       |
| Name of Case Manager or Child Welfare Professional (print) |  | Signature |  | Date (mm/dd/yyyy) |

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|       |
| Address City State Zip code |

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|       |  |       |
| Phone Number (including area code and extension, if applicable) |  | Email Address |

More documentation is required to process your application for PESS or ETV. Please provide the Child Welfare Professional the following information within 10 business days:

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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 Child Welfare Professional.]

To be completed by the Child Welfare Professional and placed in the young adult’s case file.

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|       |  |       |
| Name of Young Adult |  | Date of Birth (mm/dd/yyyy) |

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|       |  |  |  |       |
| Name of Child Welfare Professional (print) |  | Signature |  | Date (mm/dd/yyyy) |

 [ ]  The documentation requested in the Notice of Insufficient Documentation was provided within 10 business days of receipt of the Notice.

 [ ]  The documentation requested in the Notice of Insufficient Documentation was not provided within 10 business days of receipt of the Notice.