

## Education and Training Voucher (ETV) Program-Initial Application (Effective September 1, 2011)



To qualify for financial assistance under the ETV Program, an eligible youth must meet the following criteria:

- Meet college enrollment criteria and are enrolled at least 6 semester hours in an institute of higher education that includes:
  - an accredited or pre-accredited public or non-profit institution that provides a bachelor's degree or not less than a 2 year program that provides credit towards a degree or certification; or
  - an accredited or pre-accredited public or non-profit institution that provides not less than one year program of training to prepare students for gainful employment; or
  - an accredited or pre-accredited public or non-profit institution, or a private institution, that has been in existence for at least two years and provides a program of training to prepare students for gainful employment in a recognized occupation.
- Complete and file an initial ETV application with required documentation to the ETV Coordinator.

Youth may also enroll in online correspondence and/or distance learning courses with prior approval from the ETV Coordinator to ensure that these courses are accredited or pre-accredited. To locate accredited or pre-accredited vocational training programs visit <http://www.twc.state.tx.us/svcs/propschools/prophp.html>

### **Youth Eligible for the ETV Program:**

#### **Youth in one of the following categories are eligible for the ETV Program:**

1. At least 16 years of age and likely to remain in DFPS foster care until age 18; or
2. Not yet 21 years of age but aged out of DFPS foster care; or
3. Not yet 21 years of age and adopted from DFPS foster care after turning age 16; or
4. Not yet 21 years of age and entered Permanency Care Assistance after age 16.
5. Youth in foster care at age 16 and are enrolled in a dual credit course or other course in which they may earn joint high school or college credit (ETV funds are limited).
6. Youth participating in ETV on their 21<sup>st</sup> birthday may remain eligible until age 23.
7. Unaccompanied Refugee Minors (URM) youth that meet the conservatorship definition and ages of eligibility noted in # 1-6 (URM Providers verify ETV eligibility).
8. Youth under the custody of the Texas Juvenile Justice Department (formerly the Texas Juvenile Probation Commission) can be verified by notifying the ETV Program Director - these youth must have been in a Title IV-E placement on the day they turn 18 and required documentation is needed.

Complete the initial ETV application packet and submit the required documentation to the designated ETV Coordinator. ETV Coordinators are located on the ETV website at [www.bdfs.net/etv](http://www.bdfs.net/etv)

### **ETV Application Deadlines:**

**Fall-October 1 Spring-March 1 Summer-July 1**

**\*\*DO NOT SEND TO ETV-PLEASE KEEP THE CHECKLIST FOR YOUR RECORDS**

Include all required documents on the checklist before submitting. **Failure to submit a completed, signed application with required supporting documents may result in a delay or denial of the ETV application and/or check disbursements.**

- Complete the application (**Your signature is needed on pages 4, 5, and 7**). The application includes:
  - Signed Verification of ETV eligibility from a State PAL Staff, Adoption Assistance Eligibility Specialist or URM staff. Out of state youth- If a youth was not previously enrolled in another state's ETV program, the youth must provide proof that they aged out of or were emancipated from that states foster care system to be eligible for ETV in Texas.
  - Signed Consent for Release of Information form
  - Signed Statement of Responsibility
  - Signed Student Classification form
- Copy of the Texas college tuition waiver letter (if applicable).
- A copy of your most recent transition plan; plan of service; discharge plan; or a personal plan for the future.
- A copy of your current financial aid award letter (if applicable), or billing statement from the vocational training program
- A print out of your "current" class schedule which must indicate a minimum of six (6) credit hours enrolled.
- Completed purchase voucher and supporting documents
- Completed budget worksheet

Instructions:

- Follow all document instructions when filling out the forms to be submitted.
- Make copies of all required documents on the checklist for your records and for future reference.

**Mail, Fax, or E-mail (as a pdf file) the ETV application and required supporting documents to:**

**BCFS-Attn: ETV**  
**4415 Piedras Dr. West, Suite 100**  
**San Antonio, TX 78228**  
**Phone: 1-877-268-4063 Fax: 210-208-5605**  
ETV Coordinator email addresses are located at [www.bcfs.net/etv](http://www.bcfs.net/etv)

## THE ETV INITIAL APPLICATION

Please indicate the School Year \_\_\_\_\_  
I will be attending (Check All that Apply):

- Fall  
 Spring  
 Summer  
 Other \_\_\_\_\_

### 1. Application Data

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Check if you have changed your name

Original Name \_\_\_\_\_

Current Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
(Where you want your mail sent)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number/ URM Alien ID Number \_\_\_\_\_

Current Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Region (if known) \_\_\_\_\_

For URM applicants: Please list the State or agency of conservatorship \_\_\_\_\_

- Male  
 Female

Please indicate your status:

- Alaskan Native       American Indian       Asian or Pacific Islander  
 African American       Hispanic       White  
 Unknown       Biracial or Multiracial       Other (specify) \_\_\_\_\_ (includes International status)

### 2. Contact Information

Please provide contact information for one person who will always be able to get in touch with you.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_



*DFPS Case Manager, URM Specialist, or DFPS PAL Staff Information, if Applicable*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Please provide the name of the last county/city in which you were in foster care \_\_\_\_\_

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**3. School Information (vocational/technical, community college, junior college, university)**

*Type of School You Are, or Will Attend*

- Vocational/Technical       Community College       Junior College  
 Four Year Institution       Other (specify) \_\_\_\_\_

College Major/Area of Study \_\_\_\_\_

School Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*Financial Aid Office Information for the School above*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**X** \_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

# BCFS

Health and Human Services • Est. 1944

## Verification of ETV Eligibility

**Instruction:** This form is completed and signed by DFPS State PAL, DFPS ETV Staff, DFPS Adoption Assistance Eligibility Specialist, or a URM (Provider or DFPS State) Staff. Please verify eligibility status of the youth applying for the ETV program in the appropriate box below.

- The ETV Program ONLY provides monetary assistance for eligible youth who are enrolled in an **“Institution of higher education”**
- Youth in high school who enroll in a dual credit course or other course in which they can earn joint high school and college credits are eligible for the ETV Program.

**Eligibility Criteria (Foster Care and Adopted Youth):**

- Youth is in DFPS foster care, is at least age 16, and is likely to remain in foster care until turning 18, or
- Youth is not yet 21 and was adopted from DFPS foster care after turning 16 years old, or
- Youth has aged out of foster care but has not yet turned 21, or
- Youth is not yet 21 and entered Permanency Care Assistance (PCA) after age 16. (Effective September 1, 2009).
- Youth meets one of the foster care eligibility criteria and is in DFPS Extended Foster Care. (Please note- Housing, utilities, and food costs are not covered with ETV funds if a youth is in a paid CPS placement).

Foster care or adopted youth participating in the ETV program on his/her 21<sup>st</sup> birthday may remain eligible until 23 as long as he/she is enrolled in and making satisfactory progress toward completing his/her postsecondary education or training program.

**Unaccompanied Refugee Minors (URM) Eligibility Criteria:**

- Youth is in URM foster care, is at least age 16, and is likely to remain in foster care until turning 18, or
- Youth is not yet 21 and was adopted from URM foster care after turning 16 years old, or
- Youth has aged out of URM foster care but has not yet turned 21, or
- Youth is not yet 21 and entered URM Permanency Care Assistance (PCA) after age 16. (Effective September 1, 2009).
- Youth meets one of the foster care eligibility criteria and is in URM Extended Foster Care. (Please note- Housing, utilities, and food costs are not covered with ETV funds if a youth is in a paid URM placement).

URM youth participating in the ETV program on his/her 21<sup>st</sup> birthday may remain eligible until 23 as long as he/she is enrolled in and making satisfactory progress toward completing his/her postsecondary education or training program.

I, \_\_\_\_\_ with \_\_\_\_\_ hereby verify  
NAME AND TITLE AGENCY

that the student listed below meets eligibility for the reasons checked.

\_\_\_\_\_ STUDENT'S NAME      \_\_\_\_\_ DATE OF BIRTH      \_\_\_\_\_ PID OR ALIEN IDENTIFICATION #



**Participant’s Statement of Responsibility and Acknowledgement of Enrollment and School Attendance**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ Please check if this is a new address

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Initial each of the following to acknowledge each condition:**

\_\_\_\_ I confirm that I enrolled in a college, university, or vocational program and plan to attend:

\_\_\_\_ Fall      \_\_\_\_ Spring      \_\_\_\_ Summer      (please check all that apply)

\_\_\_\_ I understand that the purpose of this form is to allow the ETV Program to issue a check for a prorated amount of my ETV award.

\_\_\_\_ I understand that The Education and Training Voucher Program is a federally funded program that is administered by the Department of Family and Protective Services through BCFS Health and Human Services.

\_\_\_\_ I understand that it is my responsibility to budget my funds and that I will use ETV Funds **ONLY** for **ALLOWABLE expenses to include:**

**Allowable Expenses**

- Residential housing
- Room and board costs/food
- Tuition/fees (If applicable)
- Books and related school supplies
- Childcare
- Transportation needs
- Computer or other required equipment
- Medical insurance through school

**Examples of Expenses that are NOT allowed**

- Entertainment (film, sports, games, etc.)
- Non-school related electronics
- Furniture
- Make up / cosmetics
- Alcoholic beverages
- Tobacco
- Gift cards
- Jewelry

\_\_\_\_ I understand that it is my responsibility to update my address, phone number or any other contact information to the ETV program.

\_\_\_\_ I have read and agree to the conditions listed above.

ETV Program Participants’ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the application packet to the ETV Program**

**Mailing Address:**

**BCFS-Attn: ETV**

**4415 Piedras Dr. West, Suite 100**

**San Antonio, Texas 78228**

**Fax: 210-208-5605**

**ETV Coordinators email addresses are located at [www.bcfs.net/etv](http://www.bcfs.net/etv)**

**NAME OF STUDENT (Print):** \_\_\_\_\_

**CONSENT FOR RELEASE OF INFORMATION TO MAKE FINANCIAL ARRANGEMENTS**

Your participation in the Education and Training Voucher (ETV) Program is protected by Federal and State confidentiality laws. As a condition of enrolling in the ETV program BCFS-HHS will need to share information about you with another person, business or school representative to make financial arrangements using ETV funds. BCFS-HHS may make financial arrangements to secure housing, pay tuition and fees, pay for child care, books, or set up payments for utility/phone accounts.

**Note-**Youth enrolled in the ETV Program and attending the first and second year of a higher education institution (including vocational/technical schools) must have basic living expenses paid directly to a landlord, vendor, or school. This consent allows BCFS-HHS to make such payment arrangements.

I understand that I may cancel this consent at any time by informing BCFS-HHS in writing.

**I authorize and request BCFS-HHS to release information to arrange financial assistance using ETV funds.**

If known, please indicate which people or businesses that BCFS-HHS may release my information to. This information may also be provided after approval for the ETV Program. Attachments may be included.

Name \_\_\_\_\_ Phone Number or email \_\_\_\_\_  
(Ex-University of Texas-Financial Aid Office)

Name \_\_\_\_\_ Phone Number or email \_\_\_\_\_  
(Ex.-ABC Apartment Complex)

Name \_\_\_\_\_ Phone Number or email \_\_\_\_\_  
(Ex-XYZ Utility Co.)

I decline to have BCFS-HHS to release confidential information to make financial arrangements with ETV funds. **Students enrolled in the third school year or more.**

I have read and understand the Consent to Release information outlined in this document. I understand that any information about me may not be released, verbally or in writing, without my written consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Student)

**A new consent form must be signed each year (from the date above or earlier) you are enrolled in the ETV program.**

Consent for Release of Information Form  
 August 2011

## Student Classification Form

(To be completed by Registrar or Academic Advisor)

**This form is used to determine eligibility for a federal grant program.**

I, \_\_\_\_\_, confirm that \_\_\_\_\_ is enrolled in  
(Registrar/Academic Advisor) (Student)

the \_\_\_\_\_ semester and is currently classified as a (Please check one)  
(Semester and year)

- Freshman
- Sophomore
- Junior
- Senior
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature/ Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone number