

**SAN LUIS OBISPO COUNTY DEPARTMENT OF SOCIAL SERVICES**

**Transitional Aged Youth (TAY) Financial Assistance Request Form**

**Requesting Youth Information:**

NAME (Print): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Current Services Received** (mark all that apply as well as current case worker):

THPP Case Manager: \_\_\_\_\_

THP-Plus Case Manager: \_\_\_\_\_

ILP ILP Permanency Worker: \_\_\_\_\_

**Summary of Support Requested**

**(Why do you need the money and what are you doing to meet this need (job, budget, savings, etc.)?)**

DSS and FCNI agree that the philosophy and practice underlying the TAY Financial Assistance Program is to empower TAY to achieve self-sufficiency and to establish essential community connections to meet their needs. Here is what it is for: 1) Housing in a dormitory, student housing or apartment; 2) Transportation needs; 3) School supplies, text books, lab fees, or other required school related tools; 4) Meeting urgent, essential or emergency needs related to living, e.g., utilities, household items, furnishings.

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**Date Funds are Needed:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Amount:** \$ \_\_\_\_\_  One-time,  Other, specify \_\_\_\_\_

**Payee** (who the check will be made out to): \_\_\_\_\_

**Request Reviewed/Approved by (Case Manager/ILP Permanency Worker):**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Received by FCNI on: Date: \_\_\_\_\_ By: \_\_\_\_\_

**\*Send to Jen Bovee: e-mail [JBovee@fcni.org](mailto:JBovee@fcni.org) fax#: 504-1878; ph# 706-0578**