

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



July 16, 2002

ALL COUNTY LETTER NO. 02-53

TO: COUNTY WELFARE DIRECTORS
CHIEF PROBATION OFFICERS
COUNTY FISCAL OFFICERS
FOSTER FAMILY AGENCIES
GROUP HOME PROVIDERS
COUNTY INDEPENDENT LIVING PROGRAM COORDINATORS
TRANSITIONAL HOUSING PLACEMENT PROGRAM PROVIDERS
CALIFORNIA STATE FOSTER PARENTS' ASSOCIATION

REASON FOR THIS TRANSMITTAL

- State Law Change
 Federal Law or Regulation
Change
 Court Order
 Clarification Requested by
One or More Counties
 Initiated by CDSS

SUBJECT: **SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM
TRANSITIONAL INDEPENDENT LIVING PLAN (STEP-TILP)**

REFERENCE: ALL COUNTY LETTER NO. 02-25, ALL COUNTY INFORMATION
NOTICE I-93-01

The purpose of this letter is to provide a new form, the STEP-TILP (STEP 8), for counties participating in the Supportive Transitional Emancipation Program. This program allows ongoing financial support for emancipated foster/probation youth, up to age 21 who pursue a plan described in the STEP-TILP for completing educational and career and other goals.

Participating counties are required to use this form. The STEP-TILP contains the educational/vocational, or other goals related to self-sufficiency mutually agreed upon by the youth and the county welfare or probation department or independent living program coordinator. The youth must be participating in the activities identified in the STEP-TILP. The form shall be up-dated at least annually. Participants are responsible for informing the county whenever changes occur that affect payment of aid, including changes in address, living circumstances, educational, career, and training programs.

If you have any questions concerning this letter, please contact Sonya St. Mary at (916) 324-5809, sonya.st.mary@dss.ca.gov or Chris Forté at (916) 327-6926, chris.forte@dss.ca.gov.

Sincerely,

**Original Document Signed
By Nina Grayson For**

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

SUPPORTIVE TRANSITIONAL EMANCIPATION PROGRAM TRANSITIONAL INDEPENDENT LIVING PLAN (STEP TILP) FOR 18 UP TO 21 YEARS OLD

PERSONAL DATA

START DATE OF PROGRAM:			COMPLETION DATE:		
NAME:		SSN:	DATE OF BIRTH:	AGE:	GENDER: M F
COUNTY OF THE LAST HELD DEPENDENCY/WARDSHIP:		NAME OF LAST SOCIAL WORKER:			
CURRENT ADDRESS:	CITY:	COUNTY:	STATE:	ZIP:	TELEPHONE: ()
MAILING ADDRESS IF DIFFERENT:	CITY:	COUNTY:	STATE:	ZIP:	OTHER TELEPHONE: ()
TRIBAL AFFILIATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF TRIBE:		ETHNICITY:		LANGUAGE:
EMANCIPATED FROM: <input type="checkbox"/> FOSTER CARE <input type="checkbox"/> PROBATION <input type="checkbox"/> RELATIVE CARE					EMANCIPATION DATE:
THE COUNTY WILL CHECK IN WITH ME: <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> EVERY 6 MONTHS <input type="checkbox"/> ANNUALLY <input type="checkbox"/> OTHER(SPECIFY):					
CURRENT IDENTIFICATION: <input type="checkbox"/> CA ID CARD <input type="checkbox"/> CA DRIVER'S LICENSE <input type="checkbox"/> PASSPORT <input type="checkbox"/> VISA			MY PRIMARY SERVICE PROVIDER IS:		

EDUCATION

Completed schooling

Type of education I have completed:

Up through 9th Grade Up through 10th Grade Up through 11th Grade Up through 12th Grade

High School Diploma GED Vocational Education Community College

4 year College/University Other (specify): _____

School Attended: _____

Course of Study: _____ Date Completed: _____

Current schooling

Type of education I am currently enrolled in:

High School GED Courses Vocational Education Community College

4 year College/University Other (specify): _____

School Attended: _____

Course of Study: _____ Projected Completion Date: _____

Proof of Enrollment (attach): Report Card School Transcripts Proof of Registration

Other (specify): _____

Educational Goals

Grade Point Average: _____

During my time in STEP, my educational goals are:

1. _____
2. _____
3. _____

My plan to achieve these goals are:

1. _____
2. _____
3. _____

My educational Service Provider is: _____

They will help me achieve these goals by:

1. _____
2. _____
3. _____

Date projected to complete my educational goals: _____ Proof that I am achieving my education goals (*attach*):

I have attached the following documents to verify the progress I've made toward my educational goals: _____

Financial Aid/Scholarship Information

I currently receive (*please mark all that apply*):

- Financial Aid Scholarship Grant Other: _____

Please specify what is received:

1. _____
2. _____
3. _____

If I do not currently have Financial Aid/scholarship information and would like to obtain information about available options my Service Provider will help me achieve this by:

1. _____
2. _____
3. _____

Summer Plans

During the summer break, my plans are:

1. _____
2. _____
3. _____

Additional Information

Other information/interests that help me to achieve my educational goals (*ie. volunteer work, sport teams, etc.*):

1. _____
2. _____
3. _____

EMPLOYMENT (Current Employment)

START DATE:	PLACE OF EMPLOYMENT:
JOB TITLE:	JOB RESPONSIBILITIES:
CURRENT WORK SCHEDULE:	HOURS I WORK PER WEEK: <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-40 RATE OF PAY: \$ _____ per hour
SHIFT I WORK: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Evening <input type="checkbox"/> Grave <input type="checkbox"/> Other (<i>specify</i>): _____	
SUPERVISOR/CONTACT PERSON:	TELEPHONE: () _____
PROOF OF EMPLOYMENT (<i>ATTACH</i>):	

Employment History

START DATE:	END DATE:	PLACE OF EMPLOYMENT:
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JOB RESPONSIBILITIES:

START DATE:	END DATE:	PLACE OF EMPLOYMENT:
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JOB RESPONSIBILITIES:

START DATE:	END DATE:	PLACE OF EMPLOYMENT:
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JOB RESPONSIBILITIES:

Unpaid Work Experience (Volunteer Work)

START DATE:	END DATE:	PLACE OF EMPLOYMENT:
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JOB RESPONSIBILITIES:

START DATE:	END DATE:	PLACE OF EMPLOYMENT:
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JOB RESPONSIBILITIES:

START DATE:	END DATE:	PLACE OF EMPLOYMENT:
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JOB RESPONSIBILITIES:

Employment Needs

To achieve my employment goals, I need assistance in the following areas:

1. _____
2. _____
3. _____

My employment Service Provider is: _____

My Service Provider will help me with these needs by: _____

1. _____
2. _____
3. _____

CAREER

Career Goal

My Career goals are:

1. _____
2. _____
3. _____

My plans to achieve these goals are:

1. _____
2. _____
3. _____

CAREER

Career Goal (Continued)

My career Service Provider is: _____

My Service Provider will help me achieve my career goals by:

1. _____
2. _____
3. _____

I am achieving my career goals: YES NOSupporting documentation: _____

HEALTH COVERAGE

I AM CURRENTLY ON MEDI-CAL: <input type="checkbox"/> YES <input type="checkbox"/> NO	I CURRENTLY HAVE HEALTH COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MY SOURCE OF COVERAGE: _____
I CURRENTLY HAVE DENTAL COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MY SOURCE OF COVERAGE: _____	
I CURRENTLY HAVE VISION COVERAGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MY SOURCE OF COVERAGE: _____	

If I do not have health, dental or vision coverage my Service Provider plans to help me obtain coverage by: _____
_____I would like information on the following: Drug Rehabilitation Alcohol Rehabilitation Tobacco Cessatio
 None Other (specify): _____

My health Service Provider is: _____

My Service Provider will assist me by: _____

Additional health needs:

1. _____
2. _____
3. _____

My Service Provider will assist me by: _____

HOUSING

My current living situation is (check all that apply): With spouse With minor children
 Alone renting an apartment or house Transitional Housing Host Family With parent
 With roommate renting an apartment or house With relatives College Dorm Homeless
 Shelter Section 8 Vouchers Unsafe Temporary With friends
 Other (specify): _____

My current living situation is safe: YES NOIf NO, my Service Provider will help me gain a safe living environment by: _____

I have changed residences during the previous 12 months because: _____

I am currently on the transitional housing waiting list: YES NOI am currently on the Section 8 voucher waiting list: YES NOMy housing needs are: _____

My housing Service Provider is: _____

My Service Provider will assist me by: _____

DRIVERS LICENSE

I hold a valid California Driver License: YES NO

If NO, please explain: _____

My plans to obtain one are: _____

My Service Provider will assist me by: _____

My Service Provider helping me obtain my driver's license is: _____

I currently have car insurance: YES NO

If NO, please explain: _____

My plans to obtain insurance are: _____

My Service Provider will assist me by: _____

SUPPORT NETWORK

I have a network of supportive adults to whom I can turn to in times of needs. They include:

Relationship	Name of Supportive Adult	Contact #
Mentor	NAME: _____	() -
Relative	NAME: _____	() -
STEP Provider	NAME: _____	() -
Social Worker	NAME: _____	() -
Friend	NAME: _____	() -
THP + Provider	NAME: _____	() -
ILP Staff	NAME: _____	() -
Former Foster Parent	NAME: _____	() -
Therapist	NAME: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -
Other	NAME: _____ RELATIONSHIP: _____	() -

FINANCIAL

My sources of income include: Work STEP Payment SSI Trust Account CalWORKs
 Other (specify): _____

I currently have a: Checking Account Savings Account Neither

My plans to pay bills and manage money are: Open a Checking Account Open a Savings Account
 Money Order's Cashier's Checks Other (specify): _____

Signing this contract means that we will all work to complete the steps necessary to help the participant meet his/her goals. The form shall be updated at least annually. The participant is responsible for informing the county whenever changes occur that affect payment of aid, including changes in address, living circumstances, educational/career/training programs. The participant understands that failure to follow the plan outlined herein may result in forfeiture of the STEP payments.

STEP PARTICIPANT	DATE
SERVICE PROVIDER	DATE
COUNTY REPRESENTATIVE	DATE

PERSONAL DATA FORM

These questions are for data collection purposes only.

Your answers do not affect your eligibility for STEP and you are not required to answer the questions in order to receive STEP.

1. Current Marital Status: Never Married Married Widowed Divorced Legally Separated
2. Number of children: 0 1 2 3 4 5
3. Since I turned 18 years old I was incarcerated: YES NO