



The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the Child, Family and Community Service Act (CFCS Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, use or disclosure of this information should be addressed to the Director, Youth Services Policy, (250) 356-6906, PO Box 9745, Stn Prov Govt, Victoria, B.C. V8W 9S5.

This form is to be completed by Young Adults who until their 19th birthday were in the continuing custody of a director or the permanent custody of the Superintendent of Child and Family Services, or the guardianship of the director of adoption or a director under Section 29(3) of the Family Relations Act or in a Youth Agreement and are seeking support to take part in an educational, vocational training or rehabilitative program prior to their 24th birthday.

SECTION 1 YOUNG ADULT INFORMATION (Please print)

Form with fields: YOUNG ADULT'S NAME (Last, First and Middle), DATE OF BIRTH (YYYY/MM/DD), HOME ADDRESS, CITY, POSTAL CODE, COMMUNITY OF RESIDENCE ON YOUNG ADULT'S 19TH BIRTHDAY, CELLULAR TELEPHONE NUMBER, HOME TELEPHONE NUMBER, NAME OF SOCIAL WORKER ON YOUNG ADULT'S 19TH BIRTHDAY, BEST WAY TO CONTACT YOU? (Example: cell phone, e-mail, friend, Outreach Worker)

SECTION 2 ABORIGINAL APPLICANTS

Form with fields: Do you identify yourself as an Aboriginal person? (YES/NO), If you identify yourself as an Aboriginal person, are you: (FIRST NATIONS, METIS, INUIT), If you identify yourself as an Aboriginal person, are you living on a reserve? (YES/NO), If you identify yourself as a First Nations person, are you registered under the Indian Act of Canada (ie. Status Indian)? (YES/NO), Registration/Band Number (if known):

SECTION 3 PROGRAM AND SUPPORT NEEDS

A. What educational, vocational training or rehabilitative program do you want supported through an Agreement with Young Adults?

Add or Delete a row, if attending multiple programs.

Table with columns: NAME PROGRAM, PROGRAM LOCATION, START DATE (YYYY/MM/DD), LENGTH OF TIME SUPPORT IS REQUIRED. Includes an ADDITIONAL INFORMATION section with a downward arrow.

B. What support and assistance do you need to help you achieve your educational, vocational training or rehabilitative program plans?

Form with checkboxes: Basic Living Costs (e.g. food, shelter, utilities), Costs and services for dependent children (e.g. babysitting, child care), Program Costs (e.g. tuition, fees, supplies). Includes a section for Other, specify, and a signature section with fields for YOUNG ADULT'S NAME, YOUNG ADULT'S SIGNATURE, and DATE SIGNED (YYYY/MM/DD).