

# Aftercare Packet



## Checklist for \_\_\_\_\_

Documents to complete with youth and submit to YS Manager.			
Select Yes if all the information is attached. If you select n/a, please document why in the comments section.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	Comments
Aftercare application	<input type="checkbox"/>	<input type="checkbox"/>	
College Cost of Attendance	<input type="checkbox"/>	<input type="checkbox"/>	
HIPPA Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	
Completed Service Request & Funding Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>	
Shared living agreement	<input type="checkbox"/>	<input type="checkbox"/>	
Caregivers W-9	<input type="checkbox"/>	<input type="checkbox"/>	

Approved Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**Coding:**

- ETVAF – Youth in Post-secondary Education PT or FT. Not in a Bright Futures School, total \$5,000 for FY.
- SFSRA – Youth needing assistance with room & board, non-recurring expenses reviewed at least every 90 days.