



Education and Training Voucher Program

Initial/Renewal Application

Program information:

The Education and Training Voucher (ETV) program is a national program that is federally funded through the Chafee Foster Care Independence Act. The program offers financial assistance to current and former foster youth and adopted youth to attend colleges, universities, vocational or technical training programs.

Eligibility information:

Initial/First time application. Youth are eligible to apply for an ETV if they are:

- Under age 21 at the application deadline *and*
- Accepted into an accredited post-secondary education or training program *and*
- Meet one of the following:
 - In foster care on or after their 16th birthday, and continue to be in foster care up to or beyond their 18th birthday *or*
 - Adopted from foster care after their 16th birthday *or*
 - In foster care on or after their 16th birthday when a relative/kin accept a transfer of their permanent legal and physical custody through a juvenile court order *or*
 - Are/were under state guardianship.

Renewal applications. Youth must apply each year they need ETV funds. They can continue to apply if they:

- Have not reached their 23rd birthday *and*
- Are making satisfactory progress in their course of study *and*
- Have maintained a 2.0 grade point average or better.

For more information on the program, go to the DHS ETV Web site at www.dhs.state.mn.us, click Children, Adolescent Services, and Education / training vouchers.

Application information:

Use the ETV Initial/Renewal Application form (DHS-5339) to apply for the ETV program.

Check on the form if this is:

- **Initial/First time application-** You are applying for the first time, or if you applied previously and did not receive an ETV award. Complete all sections of the application.
- **Renewal application-** You previously received an ETV award. Complete all sections of the application, except those identified for initial/first time applicants.

You must use this application for both the Statewide or Ramsey County programs.

- **Statewide program:** For youth living in Ramsey or Hennepin Counties who do *not* have a worker *or* residents of any other Minnesota county or Indian reservation:
 - The deadline for applications and supporting documents is **July 1**.
 - For questions about the program or application, contact Jill Von Holtum, DHS.ETVcoordinator@state.mn.us , (651) 431-4663.
- **Ramsey County program:** For youth with a Ramsey County social worker:
 - The application deadline for **fall semester is July 1**. The application deadline for youth starting school in **January is January 1**. Youth applying for both semesters by July 1, do not have to submit another application for the January semester.
 - For questions about the program or application, contact Gayle Kittleson, Gayle.Kittleson@co.ramsey.mn.us , (651) 266-4705.
- **Hennepin County program:** Youth with a Hennepin County worker use a different application. Contact Stacy McClendon, Stacy.McClendon@co.hennepin.mn.us , (612) 543-0542, to get an application.

Application definitions:

Foster care:

Youth can apply for an ETV if the placement was:

- Made by a county/tribal social service agency or corrections, *and*
- Court ordered or court reviewed, *and*
- In a licensed foster home, relative/kinship foster home, group home, residential, or correctional setting, *except* Red Wing, Thistledeew, and juvenile detention centers.

Accredited post-secondary program:

ETV funds can only be used at an accredited post-secondary program. These programs:

- Must meet **one** of the following criteria:
 - Awards a bachelor's degree, or not less than a 2 year program that provides credit towards a degree, *or*
 - Provides not less than 1 year of training towards gainful employment, *or*
 - Is a vocational program that provides training for gainful employment and has been in existence for at least two years.
- Must meet **all three** of the following criteria:
 - Admits as regular students only persons with a high school diploma or equivalent; or admits as regular students persons who are beyond the age of compulsory school attendance
 - Be Public, Private, or Non-Profit
 - Accredited or pre-accredited and is authorized to operate in that state.
- An institution does **not** meet the definition if:
 - More than 50 percent of its courses are offered by correspondence
 - It enrolls 50 percent or more of its students in correspondence courses
 - It has a student enrollment in which more than 25 percent of the students are incarcerated.

Transfer of permanent legal and physical custody:

- Youth must have been in foster care on or after his/her 16th birthday, *and*
- Youth left foster care status when a relative/kin accepted a transfer of permanent legal and physical custody of the youth, *and*
- The transfer of permanent legal and physical custody was through juvenile court.

State guardianship:

Children are placed under the guardianship of the state of Minnesota when courts terminate parents' rights (TPR). They remain under state guardianship until they are adopted, or reach their 18th birthday. Other terms used are state ward or ward of the court. Youth under state guardianship at the time of their 18th birthday can apply for an ETV. They must apply before age 21.

Supportive Adult/Mentor:

Youth awarded an ETV can identify an adult to act as a mentor or one will be identified.

- Mentors and their contact information should be added on the application Section 4: Contact/Mentor Information.
- For more information see the Mentor Handbook on the DHS ETV Web site at www.dhs.state.mn.us, click Children, Adolescent Services, and Education / training vouchers.

Eligibility Verification Form

(Submit only if another state was responsible for your placement in foster care.)

Non-Minnesota foster care youth:

Youth who have established residency in Minnesota, but experienced a foster care placement in another state, must have the **Eligibility Verification Form (DHS-5339a)** completed by the agency responsible for the placement. The completed form must be attached to the application.



Initial/First Time Application

Supporting Documents Checklist

To be considered for the Education and Training Voucher Program, you must complete and submit the Supporting Documents Checklist, the application and attach all of the supporting documents. It is suggested that you keep a copy of your application and all documents.

Complete each section below and mail the documents with your application.

- Check yes, if the document is attached to the application.
- Check no, if it is not and explain why.

Supporting documents are used to determine eligibility and award amounts so it is important to submit them by the deadline.

Yes No Copy of your financial aid award letter

If no is checked, explain:

Yes No Copy of your post-secondary school/program acceptance letter
(If you are a **Renewal Applicant** you only need to submit this if you have changed schools.)

If no is checked, explain:

Yes No Copy of your most recent transcripts or grades from your current school/program

If no is checked, explain:

Yes No Copy of the completed Free Application for Federal Student Aid (FAFSA) form

If no is checked, explain:

Initial Applicants: Submit *only* if another state was responsible for your placement.

The **Eligibility Verification Form** (see Attachment A) must be completed by the state agency responsible for your placement, and attached to your application.

Yes No Original **Eligibility Verification form**

If no is checked, explain:

Mail this checklist, application and the supporting documents listed above to the appropriate program:

<p>Statewide Program:</p> <p>Minnesota Department of Human Services Attn: Jill Von Holtum Child Safety and Permanency PO Box 64943 St. Paul, MN 55164-0943</p>	<p>Ramsey County Program:</p> <p>Ramsey County Human Services Attn: Gayle Kittleson 160 East Kellogg Blvd., #7200 St. Paul, MN 55101</p>
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Attention. If you want free help translating this information, call (651) 431-4663.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم (651) 431-4663.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅ (651) 431-4663 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite (651) 431-4663.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu (651) 431-4663.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທຮື້ຫາ (651) 431-4663.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsi bilbiltu (651) 431-4663.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните (651) 431-4663.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac (651) 431-4663.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al (651) 431-4663.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi (651) 431-4663.

LB4-0015 (1-08)

This information is available in alternative formats to individuals with disabilities by calling your agency at (651) 431-4663. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services benefits, contact your agency's ADA coordinator.



Education and Training Voucher Application

Check one: Initial/first time application **or** Renewal application

1. Eligibility criteria

For initial/first time applicants:
Both must be checked:
<input type="checkbox"/> I will be under age 21 on the application due date <i>and</i>
<input type="checkbox"/> I have been accepted into an accredited post-secondary education or training program
One must be checked:
<input type="checkbox"/> I was in foster care on or after my 16th birthday, and I continue to be in foster care up to or beyond my 18th birthday <i>or</i>
<input type="checkbox"/> I was adopted from foster care after my 16th birthday <i>or</i>
<input type="checkbox"/> I was in foster care on or after my 16th birthday, and a relative/kin accepted a transfer of permanent legal and physical custody of me through a juvenile court order <i>or</i>
<input type="checkbox"/> I am/was under state guardianship.

For renewal applicants:
All must be checked:
<input type="checkbox"/> I received an ETV prior to my 21st birthday and have not reached my 23rd birthday <i>and</i>
<input type="checkbox"/> I have been accepted or continue to be enrolled in an accredited post-secondary education or training program <i>and</i>
<input type="checkbox"/> I maintain a 2.0 or better grade point average.

2. Placement History

What Minnesota county/tribe or other state placed you?

Are you currently in foster care? Yes No

IF YES, WHAT TYPE OF PLACEMENT?
<input type="checkbox"/> Non-relative foster home <input type="checkbox"/> Relative/Kinship foster home <input type="checkbox"/> Group home <input type="checkbox"/> Residential <input type="checkbox"/> Correctional

3. Basic Information

LEGAL NAME (first, middle initial, last)	BIRTH DATE (mm/dd/yyyy)	AGE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
PERMANENT MAILING ADDRESS			
CITY	STATE	COUNTY	ZIP CODE
CURRENT ADDRESS			
CITY	STATE	COUNTY	ZIP CODE
TELEPHONE NUMBERS: HOME:	CELL:	OTHER(S):	
E-MAIL ADDRESS			
ETHNICITY (optional) Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No	RACE (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian	<input type="checkbox"/> Pacific islander/Native Hawaiian <input type="checkbox"/> White	<input type="checkbox"/> Black or African American

4. Contact/Mentor Information

NAME OF A PERSON WHO WILL ALWAYS BE ABLE TO GET IN TOUCH WITH YOU	RELATIONSHIP (parent, relative, sibling, foster parent, etc)
TELEPHONE NUMBERS: HOME:	E-MAIL ADDRESS
CELL:	
Is this person willing to be your mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, name of another adult who is willing to act as your mentor: _____	
TELEPHONE NUMBERS: HOME:	E-MAIL ADDRESS
CELL:	

5. School Information

NAME OF THE SCHOOL/PROGRAM		
ADDRESS	CITY	STATE
CHECK THE ONE THAT BEST DESCRIBES YOUR SCHOOL/PROGRAM <input type="checkbox"/> 2-year degree program <input type="checkbox"/> 4-year degree program <input type="checkbox"/> Vocational/Technical/Certificate program	IDENTIFY THE FINAL DEGREE/CERTIFICATE YOU EXPECT TO RECEIVE <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Associate Degree <input type="checkbox"/> Vocational technical Certificate <input type="checkbox"/> Other	
YEAR IN SCHOOL <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th	ENROLLMENT STATUS <input type="checkbox"/> Full-time (12/more credits) <input type="checkbox"/> Half-time (6-11 credits) <input type="checkbox"/> Less than half-time (1-5 credits)	
CHECK THE SEMESTERS/QUARTERS YOU ARE ATTENDING THIS YEAR: <input type="checkbox"/> Fall (September-December) <input type="checkbox"/> Spring (January-May) <input type="checkbox"/> Summer (June-August) <input type="checkbox"/> Other _____	DATE THE SEMESTER OR QUARTER BEGINS	
MAJOR OR AREA OF STUDY	EXPECTED GRADUATION OR COMPLETION DATE	
NUMBER OF CREDITS TO GRADUATE	NUMBER OF CREDITS EARNED	
ARE YOU A PARENT RESPONSIBLE FOR THE CARE OF A CHILD WHILE IN SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____		
WHERE DO YOU PLAN TO LIVE DURING THE SCHOOL YEAR? <input type="checkbox"/> Dorm <input type="checkbox"/> Apartment/house <input type="checkbox"/> Parents <input type="checkbox"/> Relatives <input type="checkbox"/> Foster parents <input type="checkbox"/> Significant other <input type="checkbox"/> Transitional Living Program <input type="checkbox"/> Don't know <input type="checkbox"/> Other _____		
DO YOU HAVE A PLACE TO LIVE PRIOR TO THIS SCHOOL YEAR AND DURING SCHOOL BREAKS AND HOLIDAYS? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where _____		

6. Cost of attendance expenses and financial assistance information

The ETV program can only pay for expenses included in the cost of attendance (COA). COA is determined by your school so you can contact your school to get the total cost allowed by the school for the items listed below. Your financial aid award letter will list all of the financial assistance that you have been awarded. Both sections must be completed for an ETV award amount to be determined.

Cost of attendance expenses		Total cost	Financial assistance		Total accepted
Tuition/Fees			Federal Pell Grant		
Books			Child Care Assistance		
Equipment or materials required for your school program			Work Study		
Campus or non-campus housing			State Grant		
Transportation to/from school			Student loans		
Child care			Expected income from part-time employment or benefits		
Accommodations related to disability that are not paid for by another source			Expected parental/family contribution		
Expenses (computer, food, clothing, health insurance)			Other assistance, specify: _____		
Other expenses, specify: _____			Other assistance, specify: _____		

7. Essay Use this space to answer the following questions:

For initial/first time applicants:

- a) What are your personal and educational goals?
- b) How will your strengths help you reach your goals?
- c) How do you stay motivated to complete your goals?
- d) How did you overcome a challenge and what did you learn?
- e) What supports, besides financial, do you think you might need?
- f) Who do you rely on for support?

For renewal applicants:

- a) What events that occurred over the last school year?
- b) Are there changes in your school program, major number of credits, etc?
- c) What progress have you made in achieving your personal and educational goals?
- d) How do you stay motivated to continue working on your goals?
- e) What support that you have received, from whom, and how has it helped you?
- f) What support or help do you need with school?

Statewide ETV Program

Authorization for release of information and participation agreement

(Ramsey County Program applicants will receive a separate form)

I have read this entire form and I understand its contents. I also understand that if I do not consent to give protected information or if I withdraw my consent, that my application cannot be processed and I will not receive an Education and Training Voucher (ETV).

Effect of signing this form: By signing below:

- I authorize the Minnesota Department of Human Services (DHS), Lutheran Social Services (LSS)-Willmar, my assigned mentor, and my post-secondary program officials to share my personal information for the purposes of administering the ETV Program.
- I further authorize DHS to verify that I have been in out-of-home placement by contacting the agency responsible for placement.
- If awarded an ETV, I agree to participate in the program and to meet the following requirements:

Face-to-face contact:

- Mentor: Meet, maintain contact with and respond to e-mails/messages from your mentor.
- DHS/LSS-Willmar staff: Respond to e-mails/messages from DHS and LSS-Willmar staff.

E-mail contact:

- Maintain an active e-mail account. Free e-mail accounts can be opened at <http://www.yahoo.com>, or <http://www.hotmail.com>, and can be accessed from any public or school library.
- If you are unable to access your e-mail for longer than two weeks, notify LSS-Willmar and your mentor and let them know when you will have access to your e-mail account again.

ETV application/award: I understand:

- I must respond immediately to mail, e-mails and messages from DHS regarding your application. DHS will make three attempts to contact you in July if your application was submitted by the deadline. If you do not respond within two weeks after the third attempt to contact, you will forfeit your ETV.
- I must, if awarded an ETV, maintain contact with and respond immediately to mail, e-mails and messages from LSS-Willmar staff regarding your post-secondary program. If you do not respond within two weeks after the third attempt at contact, you may forfeit your ETV.
- I must submit a transcript for each semester completed to LSS-Willmar staff.
- I must maintain a 2.0 or better grade point average.
- It is my responsibility to notify LSS-Willmar staff if:
 - I move, change my telephone number, e-mail, or any other contact information.
 - My financial situation changes after I have been approved for an ETV award.
 - I withdraw from any classes or drop out of school.
 - I am placed on academic probation or my financial aid is terminated.
 - To contact LSS-Willmar call/e-mail Jessica Kruger, at (320) 231-7075 or jkruger@lssmn.org

Authorization expiration date: The authorization to release my private information ends one year from the date this authorization form is signed.

By signing below:

- I acknowledge that I have received a copy of the Notice of Privacy Practice and that I understand its purposes and contents.
- I agree to the sharing of information and participation requirements as stated in the Authorization for release of information and participation agreement information above.
- I declare that I have looked over my answers and believe that they are all true and correct to the best of my knowledge.

APPLICANT PRINTED NAME	E-MAIL ADDRESS
APPLICANT SIGNATURE	DATE

Reference Letter (This page is for initial/first time applicants only.)

One reference letter is required. It is suggested that your reference be a social worker, foster parent, teacher, adult friend or employer.

Applicant: Complete Section A below and then e-mail or give the form to your reference.

Reference: Complete Section B below as soon as possible and return it to the applicant to include with the application.

Section A: Applicant to complete the following:

APPLICANT NAME		TELEPHONE NUMBER
ADDRESS		
CITY	STATE	ZIP CODE

Section B: Reference to complete the following:

The youth named above has requested your recommendation to complete their application for the Education and Training Voucher Program. Complete and return to the youth.

NAME	AGENCY NAME (if applicable)	TELEPHONE NUMBER	
ADDRESS		E-MAIL ADDRESS	
CITY	STATE	ZIP CODE	RELATIONSHIP TO APPLICANT

Please provide your opinion of the youth based on the following items:

■ Evidence of ability to identify and use support systems or services that the youth will need to successfully complete the education program:

■ Career goals and planning:

■ Community service and work experience:

Notice of Privacy Practices

This notice describes how private information about you and your participation in the Statewide or the Ramsey County Education and Training Voucher programs may be used and disclosed, and how you can get access to this information. The Minnesota Department of Human Services (DHS) coordinates the Statewide Program and oversees the Ramsey County program.

What information is requested?

Eligibility

Statewide and Ramsey County programs: The information on the application is requested to determine eligibility for an ETV and the amount of an award.

Participation

Statewide program: DHS, LSS-Willmar, your mentor and your school/program may exchange information about your academic progress, issues interfering with your progress, transcripts, and ETV expenditures.

Ramsey County program: County staff, your mentor and your school/program may exchange information about your academic progress, issues interfering with your progress, transcripts, and ETV expenditures.

Mentors

Statewide program: Mentors exchange information with DHS and LSS-Willmar about meetings with you, significant events, academic progress, use of funds, and other issues related to the ETV.

Ramsey County program: Mentors exchange information with staff about meetings with you, significant events, academic progress, use of funds, and other issues related to the ETV.

What information do you have to provide?

Eligibility

Statewide and Ramsey County programs: Questions on the application must be answered for both programs to determine your eligibility. If you do not provide the information your eligibility for an ETV may not be determined, and you may not receive an award.

Participation

Statewide program: If awarded an ETV, you need to sign a release of information for LSS-Willmar to track your academic progress, and the information may be shared with DHS and your mentor.

Ramsey County program: If awarded an ETV, you need to sign a release of information for staff to track your academic progress.

What information is collected about you?

Statewide program: Information is collected about your eligibility, academic progress, and other information for the purposes of administering the program.

Ramsey County program: Information is collected about your eligibility, academic progress, and other information for the purposes of administering the program. This information is shared with DHS.

What rights are there regarding your information?

Copies: Contact the program you are receiving an ETV from, either the Statewide or Ramsey County, to get copies, for a possible fee of any of the information collected about you. If you do not understand the information, you may have it explained to you.

Permission: You may give other people permission to see and have copies of your private data from either program.

Protected Information/Private Data: If the Statewide program or Ramsey County program has collected this information, it can only use it for the purposes that are listed in this notice.

Accuracy of Information:

Statewide program: If DHS has information about you that is inaccurate, send a written explanation of the disputed facts and why the information is not accurate or complete. The information will either be corrected or your comments will be attached any time the information is shared with another person or agency.

Send to:

Minnesota Department of Human Services
Attn: Child Safety and Permanency Division
PO Box 64943
St. Paul, MN 55164-0943

Ramsey County program: Contact Gayle Kittleson, Gayle.Kittleson@co.ramsey.mn.us.

Privacy rights

Statewide program: If you think that DHS has violated your privacy rights, you may send a written complaint to:

Privacy Official
Minnesota Department of Human Services
PO Box 64998
St. Paul, MN 55164-64998

Ramsey County program: Contact Gayle Kittleson, Gayle.Kittleson@co.ramsey.mn.us.