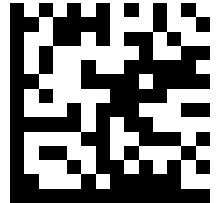




State of Utah  
Department of Workforce Services  
**UTAH'S PARTNERSHIP REFERRAL FOR SERVICES  
TRANSITION TO ADULT LIVING  
EDUCATION TRAINING VOUCHER**



D08619900020101

Referral for Education Training Voucher Services:

- An individual in foster care between the ages of 14-21, or
- An individual who emancipated from Foster Care after age 18, but is not yet age 26, or
- An individual adopted or has entered guardianship after age 16, but is not yet age 26

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

Youth's Name: \_\_\_\_\_

HLCI: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Referred To (Organization): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Appointment: Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please take the following documents to your appointment for WIOA and Education Training Voucher Services:

- Birth Certificate
- Verification of identity (driver's license, school ID, social security card, etc.)
- Verification that you have applied for admission at the post-secondary education/training institution of your choice, (acceptance letter, class schedule, etc.)
- Verification of application/approval for financial aid, (Pell Grant, etc.)
- Verification of income in the past six months (not required for a youth currently in DCFS custody)


Comments:

I certify that the information in this referral is true and correct, and establishes eligibility for ETV funds for the above named youth.

Customer Name (Please Print) \_\_\_\_\_ Email address \_\_\_\_\_

DCFS Worker Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Fax or e-mail an additional copy of this form to DCFS at (801) 538-3993.**

A proud partner of the  **americanjobcenter** network

*Equal Opportunity Employer/Program*

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.