

9/2020

**Request for Monthly Maintenance Payment
For Youth Committed to CHFS/DCBS Who Reside
in a Dorm Setting**

Name of student: _____

Social Security no. : _____

Case no.: _____

Region of commitment: _____

County of commitment: _____

Period for which monthly maintenance payments are being requested:

Name of university attending: _____

Youth's physical address: _____

Classification: _____

GPA: _____

Total amount requested: _____

Check to be mailed to:

Comments:

Student's signature: _____ Date: _____

Independent Living Specialist Signature: _____ Date: _____

Chafee Program Administrator Signature: _____ Date: _____