



Tennessee Department of Children's Services  
**Application for Title IV-E Eligibility for  
 Young Adults Requesting Bright Futures  
 Services**

Date Received:

| IDENTIFYING INFORMATION  |        |         |                |                                   |
|--------------------------|--------|---------|----------------|-----------------------------------|
| Young Adult's Last Name: | First: | Middle: | Date of Birth: | Last 4 of Social Security Number: |

|       |      |                                    |  |
|-------|------|------------------------------------|--|
| Race: | Sex: | Young Adult's County of Residence: | Date of Voluntary Placement Agreement: |
|-------|------|------------------------------------|--|

| ELIGIBILITY/REIMBURSABILITY  |   |  |
|--|---|--|
| 1. Is the young adult a U.S. Citizen or qualified alien?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | 2. Is the young adult a Tennessee resident?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | 3. Is the young adult a Native American?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Was the young adult in receipt of Families First in the month the Voluntary Placement Agreement was signed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list below the Name of the Families First Case and the Case number. |   |  |
| 4 A. Name on the Families First Case:  |   | 4 B. Case Number:  |

| 5. Financial Resources: |         |       |                       |                |
|-------------------------|---------|-------|-----------------------|----------------|
| Source                  | Balance | Owner | Bank Name and Address | Account Number |
| Cash                    |         |       |                       |                |
| Checking/<br>Savings    |         |       |                       |                |
| IRA/CD                  |         |       |                       |                |
| Stocks/Bonds            |         |       |                       |                |
| Trust<br>Accounts       |         |       |                       |                |
| Other                   |         |       |                       |                |
|                         |         |       |                       |                |

6. List any real estate the young adult owns:

|                    |        |           |
|--------------------|--------|-----------|
| Value/Amount/Owed: | Owner: | Location: |
| Value/Amount/Owed: | Owner: | Location: |

7. List any vehicles the young adult owns.

|                    |        |           |
|--------------------|--------|-----------|
| Value/Amount/Owed: | Owner: | Location: |
| Value/Amount/Owed: | Owner: | Location: |

| 8. Income other than wages (Monthly amount or equivalent) |  |
|---|--|
| Young Adult   |  |
| OASDI/SSA   |  |
| SSI   |  |
| VA  |  |

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.  
 Distribution: Youth/Young Adult's Case Record, CWBC  
 CS-0953

RDA 11016



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|               |  |  |
|---------------|--|--|
| UC/WC         |  |  |
| RR            |  |  |
| Pension       |  |  |
| Military      |  |  |
| Child Support |  |  |

|       |  |  |
|-------|--|--|
| Other |  |  |
|-------|--|--|

**9. Indicate the young adult's payee for the above benefits, if applicable.**

|       |  |                   |  |
|-------|--|-------------------|--|
| Name: |  | Type of Benefits: |  |
| Name: |  | Type of Benefits: |  |

**10. Current Employer**

|             | From | To | Employer Name and Address | Gross Wages | Frequency |
|-------------|------|----|---------------------------|-------------|-----------|
| Young Adult |      |    |                           |             |           |

11. Does the young adult have any physical, emotional, or mental disabilities? (Attach copies of the young adult's Individual Education Plan and psychological report from the young adult's case manager concerning possible disability, if applicable). Yes  No   
 If yes, briefly describe:

12. Is the young adult attending school? Yes  No  N/A  Name of school:  
 If yes, is the attendance: Full Time  Part Time  Grade

13. If the young adult is in high school or pursuing a HiSet equivalency, is he/she expected to complete the course of study by age 21? Yes  No  N/A   
 Expected completion date:

14. Does the young adult receive or expect an inheritance or settlement? Yes  No   
 If yes, what is the expected amount?

**15. Group Health Insurance: Current Coverage and Access to Availability**

a. Does the young adult currently have medical insurance or any group health insurance (including TennCare, Medicaid, Champus, military health insurance, federal employee health plans, and individual health insurance plans)? Yes  No

If yes, Policyholder Name: \_\_\_\_\_  
 Name of Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_  
 Effective Start Date: \_\_\_\_\_

b. If the young adult is employed and does not have current group health insurance, does the young adult have **ACCESS** to employer offered group health insurance, i.e., does the employer offer group health insurance?  
 Yes  No

c. If yes, can the young adult apply for health insurance coverage at any time? Yes  No

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I understand that information may be submitted to the Immigration and Naturalization Service for verification. I will cooperate with the Department of Children's Services, the Department of Human Services, the Department of Health, and the Tennessee Bureau of Investigation. I authorize the release of information to recover the benefits and investigate fraudulent claims for benefits.

I understand that I will be responsible for reporting changes in living arrangements and other criteria as required within ten (10) days. I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge.

I understand that if I disagree with action taken on this application, I may appeal the decision within 90 days of the date notified.

**USE OF SOCIAL SECURITY NUMBERS AND COMPUTER MATCHING: An individual applying for benefits must have a Social Security Number or apply for one, as required by Public Law 97-98. We use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. If those records do not match the information provided on behalf of the child, it may affect whether the child qualifies for benefits.**

|             |       |      |
|-------------|-------|------|
| Young Adult | Phone | Date |
|-------------|-------|------|

**ATTACH APPROPRIATE COURT ORDER(S) AND ALL OTHER PERTINENT INFORMATION**  
 Including copies of: Court Orders, Voluntary Placement Agreements, petitions, birth certificates, and social security card, plus **young adult's** Individual Education Plan, psychological reports, Procedure to Establish Good Cause, and health insurance card, if applicable.

**Additional comments or information may be added below:**

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