

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
FOSTER YOUTH COLLEGE SUCCESS INITIATIVE PROGRAM

IMPORTANT!!

You May Be Eligible For Additional Funding For College!

- If you are a youth in foster care or were in foster care **after your 13th birthday**, and you are attending or applying to college, you **may** be eligible for more funding and support services. The New York State Foster Youth College Success Initiative Program provides additional support services and funding to help meet the costs of college for eligible students.
- **Please note: *This program is NOT the same as Education Training Voucher (ETV)*!** You can apply for and receive both.

What do I need to do?

- The New York State Education Department (NYSED) needs to know if you are currently or previously in foster care. They need this information to determine if you can get the funding or support.

Can OCFS share my foster care information with NYSED without my consent?

- **No.** The New York State Office of Children and Family Services (OCFS) is not allowed to share foster care information without your permission or, if you are not yet 18 years old, without the permission of your legal guardian. Therefore, OCFS requires the consent form to be completed.

I want to see if I can get money for college. I want to share my information. What do I do next?

- If you **do** want OCFS to share your information with NYSED, if you are 18 or older, you can complete and return this form. If you are under 18, your legal guardian must complete and return this form.
- OCFS will send information regarding your status as a current or former youth in foster care to NYSED.

What if I don't want to share my information?

- It is your choice, or your legal guardian's choice, if you want to share your information. If you do not want OCFS to share foster care information with NYSED, you do not need to do anything else. You will not be considered for additional support or funding at this time. If you change your mind and would like to be considered for additional support or funding in the future, you will need to complete the consent form at that time.

- **I want to know more about this program. Who can I contact?**

For more information about the Foster Youth College Success Initiative Program, please email the New York State Education Department at kiap@nysed.gov to request information.

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INSTRUCTIONS

- If you are 18 years old or older, please complete **Section A**.
- If you are 17 years old or younger, please forward this information to your parent or legal guardian. They will need to complete **Section B**.

SECTION A: If you are a current or former foster youth, and you are 18 years old or older, complete Questions 1, and 2.

1. **I am 18 years of age or older**, and hereby authorize OCFS to release my name, the last four digits of my Social Security number, and my status as a current or former foster youth to the New York State Education Department, for the sole purpose of evaluating my eligibility for additional services and support through the Foster Youth College Success Initiative Program. ☐ Yes ☐ No

2. Student Information

a. Name of your college or university: **University at Buffalo**

b. Your first name:

c. Your last name:

d. Your date of birth: / /

e. Please provide only the last four digits of your Social Security number:

f. Please provide your email address so that NYSED may contact you about the Foster Youth College Success Initiative Program:

g. Please provide your cell phone number as another option for making contact:

h. Mailing address:

SECTION B: If you are the parent or legal guardian of a current or former foster youth who is under the age of 18, please complete questions 1, 2, and 3.

1. **I am the parent or legal guardian of the youth listed below**. In that role, I hereby authorize OCFS to release the name of the youth listed below, the last four digits of their Social Security number, and the youth's status as a current or former foster child to the New York State Education Department for the sole purpose of evaluating the youth's eligibility for additional services and support through the Foster Youth College Success Initiative Program.

☐ Yes ☐ No

2. Student Information

a. Name of student's college or university: **University at Buffalo**

b. Student's first name:

c. Student's last name:

d. Student's date of birth: / /

e. Please provide only the last four digits of your Social Security number:

3. Legal Guardian Information

a. Your first name:

b. Your last name:

c. Your date of birth: / /

d. Your relationship to the student listed above:

e. Please provide your email address so that NYSED may contact you about the Foster Youth College Success Initiative Program:

f. Please provide your cell phone number as another option for making contact:

g. Mailing address:

Where do I send the completed form?

Please email the consent form to: FCY4College@ocfs.ny.gov

Deadline: November 15, 2019