

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Application for Independent Living Program (ILP) Participation

First Name	Middle Name		Last Name (include suffix if applicable)	
Date of Birth (MM/DD/YYYY)	Gender Identity			
	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:	
Current Street Address (include quadrant if in DC)	City		State	Zip
Phone Number (check the type of phone)		Email Address		
	<input type="checkbox"/> cell	<input type="checkbox"/> home	<input type="checkbox"/> work	

If additional space is needed for your responses below, use the back of this page

Describe the reasons you believe you're ready for an Independent Living Program
List your goals for this next year
Describe any areas where you think you need support or coaching

_____ Youth Printed Name	_____ Youth Signature	_____ Date
_____ Social Worker Printed Name	_____ Social Worker Signature	_____ Date

Name		Date	
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Describe the reasons you believe you're ready for an Independent Living Program

List your goals for this next year

Describe any areas where you think you need support or coaching