



AUTHORITY: P.A. 1939.  
 COMPLETION: Required.  
 PENALTY: Violation Contract Reporting Requirements.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

NOTE: • See FOM 950 Section for Youth In Transition (YIT) Program Policy/Eligibility. • The Foster Care Independent Living Act of 1999 mandates that all other funding sources must be exhausted before YIT funds are used. YIT funds are used to enhance, not replace existing programs. • For eligible youth in a private agency placement, contact the DHS foster care case manager.

Services Received	Type of Case		Date of Service		Completion		Other Provider (Community/Govt. Resource Name)	Amount of YIT funds Expended
	*OCS	**CCS	Begin	End	Adequate	Inadeq.		
Counseling (CMH, Crisis Centers, Women's Resource, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Support Group (AA/NA, 4-H, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Day Care Expense (not covered by DHS)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Educational Supports (books, tuition, etc.)	<b>NOTE: Look at TIP, College Support, PELL, etc. prior to expending YIT Funds</b>							
- Transportation	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- GED	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Books	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Graduation Expenses	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Tuition	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Vocational/Trade	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Other	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Employment & Related Services (verification required in file)	<b>NOTE: Look at Michigan Works, Voc. Rehab., etc. for services prior to expending YIT Funds</b>							
- Training	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Wages/Apprentice Fees	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Incentives	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Uniforms	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Transportation	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Interviewing Skills	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Trade Tools	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Job Retention (note in file)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
- Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Driver's Education Class and Testing	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Household Start Up Goods (Document items in file)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Daily Living/IL Skills (see CFF 722-7) <b>NOTE: This is a POS Agency Contract Requirement</b>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Independent Living Material For Youth (approved by YIT Program Office)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$

Membership in Community Organization (Not For Currently Placed POS Agency Youth)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Mentorship (Contract or Local Office Agreement Required)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Services Received	Type of Case		Date of Service		Completion		Other Community/Govt. Resource Provider (Name)	Amount of YIT funds Expended
	OCS	CCS	Began	Ended	Adequate	Inadeq.		
Rent/Security Deposit (one time only, see note 1 below) <b>NOTE:</b> (1) Verification of youth's ability to continue payment, plus a budget, is required (2) Can only charge rent/security or first & last month's rent. Cannot charge first & last month's rent or damage deposit (see Landlord/Tenants Rights Booklet). <b>NOTE:</b> Not Available if Living With Parents (1)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Utility Deposit (one time only)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Preventive Health/Hygiene (Community Health Dept.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Substance Abuse Prevention (Community Health Dept.)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Money Management/Budgeting	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Michigan Youth Opportunities Initiative (MYOI) Stipend	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Michigan Youth Opportunities Initiative (MYOI) IDA Match	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
Other (needs YIT Prog. Office Approval)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		\$
<b>Total</b>								\$
Comments – Explain how the above expenditure supports the youth in attaining self-sufficiency:								
* OCS – Open Case Services (All open case services <b>must</b> be documented in youths ISP/USP) ** CCS – Closed Case Services (All closed case services must be documented in youths file)								
I certify that before expending YIT funds that I have attempted to utilize all other community/state/federal resources or have explained why they were not utilized in the ISP or USP narrative. Foster Care Case Manager Signature _____ Date _____								
I certify that the youth's service plan has been updated to include need of YIT services and funding pertaining to this payment. DHS Supervisor Signature _____ Date _____								