

Alabama Foster Youth to Independence Application

(To be completed and signed by applicant and submitted to State DHR)

Applicant Information	First name:	Applicant date of birth:
	Middle initial:	
	Last name:	Age:
	<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Phone contact:	Applicants email address:
	Applicant's county of residence:	County of emancipation:
	Do you have children who live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	List names and ages of children:
	Date applicant left foster care:	
Fax number :	Supervisor's name:	
Additional Comments:		
Applicant Signature		
SDHR use ONLY		
Date Application received:		
Name and date referral sent to PHA:		

Application must be signed by young adult applying for assistance through FYI Program

Submit completed and signed application to fosteryouthtoindependence@dhr.alabama.gov or fax to 334-242-0939

February 2020