**Chafee COVID Funding Application**

This form must be filled out in its entirety by the Chafee applicant and sent to their Chafee Transition Coordinator employed by Nexus-PATH (701-526-6299) for review, who will submit it to DHS Children and Family Services. All documentation must be attached to the application including foster care verification (SFN 1612). An eligible applicant may only qualify for a single one-time payment. There are three phases in which payment will be issued, each phase has different criteria defined by DHS Children and Family Services. Please contact your Chafee Transition Coordinator for more details. Funding is limited and applicants are not guaranteed a one-time payment.

1. **Phase one** applications will be accepted from May 1, 2021 through June 30, 2021
2. **Phase two** applications will be accepted from July 1, 2021 through July 30, 2021 and
3. **Phase three** applications will be accepted from August 1, 2021 through September 30, 2021

**Name** Click or tap here to enter text.

**Date of Birth** Click or tap here to enter text.

**Mailing Address, City, State and Zip** Click or tap here to enter text.

**Foster Care Verification**

1. Are you in ND Foster Care today?

No

Yes

1. Are you under the age of 27 today?

No

Yes

1. Did you experience foster care at age 14 or older?

No

Yes

I was in foster care under the public custody of

Name of County/ Zone Click or tap here to enter text.

Name of Division of Juvenile Services Click or tap here to enter text.

Name of Tribe Click or tap here to enter text.

Name of Out of State custodial agency Click or tap here to enter text.

1. Did you age out of foster care, meaning you reached the age of 18 and exited care?

No

Yes

1. Did you participate in the ND 18+ Continued Care program for any length of time between the ages of 18 and 21?

No

Yes

**Chafee Transition Program Participaction**

1. Are you currently an active participant in the North Dakota Chafee Program (Nexus-PATH)?

No

Yes

1. Have you ever been active participant in the North Dakota Chafee Program (Nexus-PATH)?

No

Yes

Where was your Chafee Office located(city): Click or tap here to enter text.

Who was your Chafee Coordinator(name): Click or tap here to enter text.

**Chafee Program Outcomes**

1. Do you have sufficient economic resources?

Yes

No ~ If no, indicate what resources you need for stability:

Food

Clothing

Transportation

Car Repairs

Daycare

Important documents (ID, Birth Certificate, Social Security Card)

Other: specify Click or tap here to enter text.

1. Do you have a safe and stable place to live?

Yes

No ~ If no, indicate what resources you need for stability:

Rent deposit

Monthly rent

Behind on rent

Utilities

Bed and Bedding

Household items: kitchen utensils, living room furniture, bathroom towels

Other: specify Click or tap here to enter text.

1. Do you have resources to meet your academic and educational needs?

Yes

No ~ If no, indicate what resources you need:

GED Class Fee

Driver’s Education Fees

College or vocational/ tech tuition fees

Laptop computer

Other: specify Click or tap here to enter text.

1. Do you have access to physical and mental health services?

Yes

No ~ If no, indicate what resources your need to meet your physical and mental health:

Co-pay coverage

Dental services

Optical services

Mental health therapy coverage

Medication

Other: specify Click or tap here to enter text.

1. Do you have resources to appropriately parent your child, (if applicable)?

NA

Yes

No ~ If no, indicate what resources you need to meet the needs of your child(ren):

Food/formula

Clothing

Safe Sleep- Bed/crib and bedding

Daycare/childcare

Carseat/ booster seat

Diapers

Educational games for parent child engagement

Books for education awareness

School supplies

Community activity fees (basketball camp etc)

**Brief Summary:** Describe how COVID-19 impacted you personally and why you are seeking these funds:

Click or tap here to enter text.

**Application submission- Final Deadline September 30, 2021**

This application was reviewed by a ND Chafee Transition Employee employed by Nexus-PATH

Completed application signed by applicant

Applicant Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

Chafee Coordinator Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**………………………………………………………………………………………………………………..**

**CFS USE ONLY:**

Approved

Denied

*Funding Appropriation to Use*

CONSOLIDATED APPRORATIONS ACT (P.L.) 116-260 FUNDING

Phase 1 Total $ Click or tap here to enter text.

Phase 2 Total $ Click or tap here to enter text.

Phase 3 Total $ Click or tap here to enter text.

CFS Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap here to enter text.