

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.
 - To qualify for these funds you must be enrolled in a State University of New York (SUNY), City University of New York (CUNY) or a private college institution in the state of New York with a Higher Education Opportunity Program (HEOP).
- **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) State University of New York and City University of New York 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.
- If you accessed this consent form from your Tuition Assistance Program (TAP) application, please make sure you have fully completed your TAP application. Afterwards, please complete and send in this consent form to the designated e-mail address located at the bottom of the form.

Can OCFS share my foster care information with NYSED, SUNY or CUNY 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, SUNY or CUNY.

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 fosteryouth@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.	
<p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You further authorize NYSED to release the below Student Information and your eligibility status to the institution of higher education in which you are currently enrolled for the purposes of the Foster Youth College Success Initiative (FYCSI).</p>	
2. Student Information	
a. Name of your college or university:	
b. Date of enrollment: / /	
c. Your first name:	
d. Your last name:	
e. Were you ever known by any other name? (include first and last names)	
f. Your date of birth: / /	
g. Please provide only the last four digits of your Social Security number:	
h. Please provide your email address so that NYSED may contact you about the Foster Youth College Success Initiative Program:	
i. Please provide your cell phone number as another option for making contact:	
j. Mailing address:	
Signature: X	Date: / /

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.	
<p>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. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>You further authorize NYSED to release the below Student Information and the youth's eligibility status to the institution of higher education in which the youth is currently enrolled for the purposes of the Foster Youth College Success Initiative (FYCSI).</p>	
2. Student Information	
a. Name of student's college or university:	
b. Date of enrollment: / /	
c. Student's first name:	
d. Student's last name:	
e. Agency Name:	
f. Student's date of birth: / /	
g. 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 relationship to the student listed above:	
d. Please provide your email address so that NYSED may contact you about the Foster Youth College Success Initiative Program:	
e. Please provide your cell phone number as another option for making contact:	
f. Mailing address:	
Signature: X	Date: / /

Where do I send the completed form?

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

Completing this consent form does not guarantee eligibility or funding for this program.