



# Foster Youth Individual Development Account Application

**Due: January 12, 2012**

**Instructions:**

- 1) Read through program description before completing the application.
- 2) Complete the personal information. Respond to ALL of the essay questions. If you have questions or need help, please contact us!
- 3) Submit completed application by **January 12, 2012.**
- 4) **Read through eligibility requirements to make sure you qualify for an IDA account!**

**Eligibility Requirements:**

- 16-20 years of age at the time of application
- Currently a resident of King County
- Member or alumni of State or Federal Foster Care system with an assigned DCFS number (we can look this up for you)
- Current and documentable source of income, either from a job or informal employment (babysitting, cosmetology, side jobs)
- 2 references to contact for their opinion about your potential participation in the IDA Program.

**After completing this application, please return:**

- **In person or by mail to:**  
 YMCA Young Adult Services  
 Individual Development Account Program  
 2100 24<sup>th</sup> Ave S #250  
 Seattle, WA 98144
- **By fax: (206) 749-7541 attn: IDA**
- **By e-mail to: [efreeman@seattleyymca.org](mailto:efreeman@seattleyymca.org)**

**Contact Information**

Last Name		First Name		Date
Social Security Number		DCFS Number (If Known)		Cell Phone ( )
Current Address				Alternate Phone ( )
City	State	Zip	May we contact you via text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Best way to contact me (Rate 1-5): <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Texting <input type="checkbox"/> Mail <input type="checkbox"/> Other _____				Email Address

If you would like assistance completing this application please call Erica or Kevin at (206) 749-7579.



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## Demographics

Birth Date	Age	Gender	Highest Level of Education
<b>Ethnicity</b> <input type="checkbox"/> African <input type="checkbox"/> African American <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Multiracial (please list) _____			
Are you a parent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is English your first language?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Current Living Situation</b> <input type="checkbox"/> Homeless * <input type="checkbox"/> Foster Home <input type="checkbox"/> Room rental Apartment (member leased) <input type="checkbox"/> Dorm <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Apartment (YMCA leased) <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> YAIT <input type="checkbox"/> YMCA Shared Home <input type="checkbox"/> Transitional Housing			
*(spending the night in shelter, on street, in car, couch surfing)			

## Foster Care Experience

Are you currently in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (please explain: _____)
If you are currently in foster care, which type? <b>Check all that apply</b> <input type="checkbox"/> Foster Home <input type="checkbox"/> Group Home <input type="checkbox"/> Residential Treatment <input type="checkbox"/> Shelter <input type="checkbox"/> Other: _____

## YMCA Involvement

Are you involved at the YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, with which of the following Programs?</b> <input type="checkbox"/> Center for Young Adults <input type="checkbox"/> Housing <input type="checkbox"/> SETUP <input type="checkbox"/> Peer Mentor <input type="checkbox"/> Independent Living Program	Who do you work with at the YMCA (ex. Case Manager)? _____ _____
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I am involved in: <input type="checkbox"/> Treehouse <input type="checkbox"/> Mockingbird <input type="checkbox"/> Lutheran Community Services <input type="checkbox"/> YouthCare <input type="checkbox"/> Friends of Youth	Who is your contact at that organization? Name _____ Phone _____
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## Individual Development Account Background

How did you hear about the IDA program? <input type="checkbox"/> Case Manager <input type="checkbox"/> Past Participant <input type="checkbox"/> Flyer <input type="checkbox"/> Friend <input type="checkbox"/> Email <input type="checkbox"/> The Center <input type="checkbox"/> Website <input type="checkbox"/> Other _____
Please check items that you would be interested in saving for (may be more than one). <input type="checkbox"/> EDUCATION (tuition, books, school supplies.) <input type="checkbox"/> COMPUTER (laptop or desktop) <input type="checkbox"/> HEALTH CARE (premiums, co-pays) <input type="checkbox"/> HOUSING (rent, security deposit) <input type="checkbox"/> TRANSPORTATION (bicycle)

## References

Please provide 2 references that we may contact. One should be a case worker or former case worker and the other may be a personal reference such as your foster parent, teacher, employer or family member. We will contact these references to ask their opinion about your potential participation in the program.		
<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Phone Number</u></b>
1) _____	_____	_____
2) _____	_____	_____

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## Monthly Budgeting Worksheet

1. \$ \_\_\_\_\_ **TOTAL MONTHLY NET INCOME** (don't include WIC or Food Stamps – just income that you could potentially deposit into a savings account)

### 2. Basic Monthly Expenses

Expenses	Actual Spent	Goals
Rent		
Utilities		
Phone		
Cable/Internet		
Food		
Transportation		
Insurance		
Childcare		
Savings		
Debt Payment		
Other Monthly Expenses		
<b>TOTAL</b>		

\$ \_\_\_\_\_ **TOTAL MONTHLY EXPENSES**

### 3. Basic Savings Potential

TOTAL MONTHLY NET INCOME: \$ \_\_\_\_\_ (Enter total from Step 1)

-

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_ (Enter total from Step 2)

=

TOTAL SAVINGS: \$ \_\_\_\_\_

If your total savings is negative, you are spending more than you earn. You need determine where you can save money. Go back to Step 2 and use the goal column to make some changes to your spending.

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