

Date: \_\_\_\_\_

Youth Name: _____	
DOB: _____	
SSN: _____	
SOUL Family Legal Permanency Name (Residential Custodian): _____	
DOB: _____	SSN: _____
Phone: _____	Email: _____
SOUL Family Legal Permanency Relationship to youth: (Check one)	
<input type="checkbox"/> Relative	<input type="checkbox"/> Non-Relative/Kin
<input type="checkbox"/> Other (please explain relationship): _____	
SOUL Family Legal Permanency Custodian Name: _____	
DOB: _____	SSN: _____
Phone: _____	Email: _____
SOUL Family Legal Permanency Relationship to youth: (Check one)	
<input type="checkbox"/> Relative	<input type="checkbox"/> Non-Relative/Kin
<input type="checkbox"/> Other (please explain relationship): _____	

Identity Verified (specify document and name of the individual completing the verification):  
\_\_\_\_\_

A. Social Security Benefits:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount	_____
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Anticipated date of youth's high school graduation: \_\_\_\_\_

**PPS Administration Use Only for Approval:**

- Approved
- Denied

PPS Program Signature: \_\_\_\_\_

Date: \_\_\_\_\_

