

Opportunity Passport™ is a program designed to help young people ages 16 – 25 who are in or are transitioning from foster care learn how to manage and save their money.

As a participant in Opportunity Passport™, you will have the opportunity to:

- Open a bank account and have your savings matched up to \$1,000 per year for approved assets, up to a maximum of \$5,000.
- Participate in social events and service activities sponsored by InSight, our youth leadership board.

To be considered for the program, please complete both pages of this form and submit it to the **Youth Policy Institute of Iowa**.

Note: If under age 18, a parent/guardian signature is required. Please print legibly.

Participant Information

First Name	Last Name	State ID (Title 19) Number
Street Address	City, State, Zip	County
Phone	Email	Date of Birth (MM/DD/YYYY)

Background Information

Employment and Education

- 1) Are you currently employed? Yes, Full-time Yes, Part-time Not employed
- 2) Are you currently enrolled in school? Yes No If yes, where _____
- 3) Do you currently have a bank account? Yes No If yes, name of bank _____

Living Arrangement

- 4) What is your current living arrangement? (check one)
- Living with biological parents/family Living with a foster family Living in a group home/shelter
- Living in a supervised apartment (SAL) Living on your own or with roommate (including dorm room)
- Living with adoptive/pre-adoptive parents Living in transitional or supported housing Homeless
- Other living arrangement (please specify) _____

Foster Care Involvement

- 5) Were you in foster care after the age of 14? Yes No
- 6) Did you exit care at age 17 ½ or older? Yes No Not Applicable
- 7) While in foster care did you have a: DHS worker Juvenile Court Officer Both Don't know
- 8) Are you currently participating in PAL or Aftercare services? Yes No

Participant Agreement

I understand that to enroll in Opportunity Passport™ I must first attend Financial Capability Training (FCT)

_____ I commit to attending all required training sessions. I understand that if I am late or miss any part of a session I will be
(initials) required to make it up, which could include starting the training over from the beginning.

_____ I have, or will get, the following two forms of identification to present to the banking institution when opening my
(initials) Opportunity Passport™ account:

- Valid Driver's License or State Identification card issued by the Iowa Department of Transportation.
- Social Security Card

Authorization

By signing this form, I authorize **Youth Policy Institute of Iowa** to determine my eligibility for Opportunity Passport™ by contacting the Iowa Department of Human Services or the Iowa Aftercare Services Network to verify my foster care status. Following verification, the determination of eligibility will be sent to the Provider listed below.

Participant Signature Date Guardian Signature (required if under 18) Date

Provider Agency Provider Representative (name) Date

Submit completed form to

Steve Havemann

Youth Policy Institute of Iowa
6200 Aurora Avenue, Suite 206E
Des Moines, Iowa 50322

shavemann@ypii.org

Fax: 515-772-4223

Eligibility Determination (for office use only)

Date Entered Foster Care _____ Date Exited Foster Care (if applicable) _____

Eligible for Opportunity Passport™ Yes No Chafee Eligible Yes No

YP II Staff initials _____ Date _____ Opportunity Passport™ ID number _____

Dates Attending Financial Capability Training (1) _____ (2) _____

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). The program is administered in the Des Moines area by the **Youth Policy Institute of Iowa** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.