

BALTIMORE CITY DEPARTMENT of SOCIAL SERVICES

SEMI-INDEPENDENT LIVING ARRANGEMENT (SILA) APPLICATION

Name: _____ Date of birth: _____ Age: _____

Address: _____

Telephone number: (home) _____ (cell) _____

E-mail address: _____

Name, address and telephone number of an adult we can contact in case of emergency (ex.: former foster parent, relative or family friend):

Attorney's name: _____ Telephone number: _____

Independent living assessment completed? Yes No Life Skills training completed? Yes No

Educational status: Enrolled part-time Enrolled full-time Not enrolled

School name and address: _____

Major (or course of study): _____ Expected graduation date: _____

Degree pursuing: HS Diploma/GED BA/BS Training Certification Other: _____

Employment status: Part-time (Hours per week? _____) Full-time Not employed

Name and telephone number of employer: _____

What are your educational and/or career goals? _____

How do you plan to achieve your goals? _____

What supports do you need in order to achieve any of your goals? _____

Semi-Independent

Living Arrangement: Own apartment/house College dorm Renting a room Other: _____

SILA Address (if other than address listed above): _____

Is this a year round address? Yes No

How will you contribute to the cost of SILA? Income from work/work-study Grants/scholarships
 Educational loans Social Security Other _____

Do you have a bank account? Yes No Name of bank: _____

Type(s) of account: Checking Savings Do you have any outstanding bills? Yes No Not sure

If yes, please describe: _____

Applicant's signature: _____

Date: _____

Case worker's signature: _____

Date: _____

Supervisor's signature: _____

Date: _____

TO BE COMPLETED BY READY BY 21 PROGRAM

Date SILA application received: _____

IL Coordinator: _____

Date of SILA Interview: _____