



## YOUNG ADULT PANDEMIC AID

### Young Adult Pandemic Aid Application

#### APPLICATION INTRODUCTION

The Texas Center for Child and Family Studies and Monarch Family Services are honored to partner with the organizations distributing Young Adult Pandemic Aid to adults who have aged out of foster care. You are filling out this application because you think you might be eligible for federal funds. Before you go any further, there are two eligibility requirements that all applicants must meet in order to fill out this application:

1. You must have aged out of the foster care system in Texas.
2. You must have been between 18 and 26 years old (up to your 27th birthday) between 4/30/20 and 9/30/21 when you had financial needs that qualify for assistance.

If you have questions about either of these requirements but still think you might be eligible, go ahead and fill out this form. Eligibility will be verified by the Texas Department of Family and Protective Services who has the ultimate say on whether an applicant meets these requirements or not.

The application will take approximately 30 minutes to complete. Please reach out to [panaid@tacfs.org](mailto:panaid@tacfs.org) if you have questions or concerns about this application.

Thank you for your interest!  
-The Center & Monarch



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CONSENT PAGE

I acknowledge the information I include in this application will be used for:

- verifying your identity with the Texas Department of Family and Protective Services so we can tell if you are eligible for funds;
- creating reports about the young people who receive money, but these reports will not contain your name or any other information that could identify you personally
- following up with you about the information you provide so we can verify your identity and determine how to distribute the money if you are eligible
- sending you a short survey by text message asking how you spent the money
- sharing your information with the organization that will help you receive the money

To be clear, none of your personal information will be shared with anyone outside of this project. We value your privacy and want to protect your identity with the utmost care.

\* 1. Do you agree to this application process to determine eligibility?

- Yes  
 No

2. If the adult who aged out of foster care is unable to fill out this application on their own, who is filling out this form on their behalf?

First and Last Name

Email

Phone number

Relationship to Adult



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APPLICATION: ELIGIBILITY CRITERIA

\* 3. Were you between ages 18 to 26 (up to 27th birthday) anytime from 4/30/20-9/30/21?

- Yes
- No

\* 4. Did you age out of the Texas foster care system?

- Yes
- No

5. If you did not age out of the foster care system in Texas, name the state where you aged out of the foster care system below. We will be in touch with you about how to locate the right resource for you to receive your funds.



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APPLICATION

The following questions are directly related to determining your eligibility to receive funding.

\* 6. Contact Information

First and Last Name

Former names you might have gone by when you were in foster care that are different from your current name

Address

Apartment or Unit Number

City/Town

State/Province

ZIP/Postal Code

Texas County

Email Address

Phone Number

7. Can you receive texts at the phone number your provided?

Yes

No

\* 8. What is the best way to reach you? [check only one]

- Phone
- Email
- Text
- Address
- Other (please explain here)

9. How did you learn about this funding opportunity and/or who encouraged you to apply? (please select all that apply)

- Facebook/Instagram ad
- Organization
- Family/friend
- Other (please specify)

\* 10. Which organization are you working with to submit your application? If none, select "no organization." If you select "no organization" we will refer your application to an organization that can work with you to receive the money.

11. If you selected "no organization" above, is there an organization that you receive services from that we should contact to see if they would like to be a part of this initiative? If yes, please provide as much information as you know about the organization below.

Name of Organization	<input type="text"/>
Website	<input type="text"/>
City where the organization is	<input type="text"/>
Name of a person we should talk to at the organization	<input type="text"/>
Phone number of the person	<input type="text"/>
Email Address for that person	<input type="text"/>

\* 12. What is your current age?

18-20

21-26

27+

\* 13. Enter Your Birthdate

Date of Birth

Date

\* 14. Enter the last four digits of your Social Security Number



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## Young Adult Pandemic Aid Application

### Stimulus Payments for Young Adults

**Pandemic relief money is available to in two ways:**

- **\$500 stimulus money for young adults ages 21-26 (up to your 27th birthday)**
- **Additional money to help you pay for immediate and basic needs such as rent, groceries, cell phone bills and more you had during the COVID-19 Pandemic.**

**On this page we want you to tell us if you would like to receive the \$500 stimulus money. On the next page we will ask you about specific expenses that qualify for the additional funding.**

15. \$500 stimulus payments are available for young adults aged 21-26 (up to 27th birthday), who aged out of foster care. There are no other qualifications for receiving this money. Would you like to receive the \$500 in addition to any amounts you request on related to specific unmet needs?

Yes

No



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EXPLANATION OF COSTS/NEEDS

These funds are meant to cover expenses you had related to preventing, preparing for, or responding to COVID-19 between between 4/30/20 and 9/30/21.

This section provides information about expenses that you might be able to receive money for so you should include all your unmet needs to needs to the best of your ability.

At this time, \$1,000 is the most money you are allowed to receive. However, if there is more money available in the future, you might be eligible to receive more.

Before you begin this section, please locate any receipts or proof of purchase for any item you plan to select for reimbursement. You will be asked to upload a copy of these documents at the end of this section. If you do not have a receipt or proof of purchase, you may attest to (swear to be true) the amounts you paid or will pay.

16. **Living Expenses** (Please include the total amount you have spent on COVID-19 related needs since April 30, 2020 and/or expect to spend by September 30, 2021 that you would like to have considered for reimbursement):

Rent	<input type="text"/>
Groceries	<input type="text"/>
Food delivery	<input type="text"/>
Utilities	<input type="text"/>
Other	<input type="text"/>

17. If you answered "other" above, tell us what expenses you mean.



18. **Transportation Expenses** (Please include the total amount you have spent on COVID-19 related needs since April 30, 2020 and/or expect to spend by September 30, 2021 that you would like to have considered for reimbursement):

Driver's license fees

Vehicle insurance

Driver's education  
(including classes,  
practice, and testing)

Roadside Assistance

Purchase of an automobile

Other

19. If you answered "other" above, tell us what expenses you mean.

20. **Technology Assistance** (Please include the total amount you have spent on COVID-19 related needs since April 30, 2020 and/or expect to spend by September 30, 2021 that you would like to have considered for reimbursement):

Cell phone and/or cell  
phone plan

Tablet

Laptop

Internet service

Other

21. If you answered "other" above, tell us what expenses you mean.

22. **Other Expenses** (Please include the total amount you have spent on COVID-19 related needs since April 30, 2020 and/or expect to spend by September 30, 2021 that you would like to have considered for reimbursement):

Medical expenses not already covered by insurance

Personal protective gear (including cloth masks)

Respite care because I am parenting or pregnant

Miscellaneous costs you had to to combat social isolation such as puzzles, cooking kits, art and hobby supplies, or other similar items

Other

23. If you answered "other" above, tell us what expenses you mean.

24. If available, please upload copies of the receipts and/or proof of purchase for expenses included in questions 16-23.

Choose File

Choose File

No file chosen

\* 25. Please respond to the following questions to confirm the accuracy of your application:

Yes

No

Do you attest (swear to be true) that all of the information included in this application is true and correct to the best of your knowledge?

Do you agree that you have not received money or other assistance for these expenses from any other source including an aftercare or PAL provider?

Do you understand that a false statement may disqualify you from benefits?



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The following questions are optional.

To better serve you and your peers who have aged out of care, we invite you to answer the following questions. Your answers will not determine eligibility. Instead, they will be used to inform service providers (like transition centers) about how to better support young adults when foster care benefits run out or are soon to expire.

26. How would you describe your gender?

- Male
- Female
- Other
- I prefer not to answer

If you selected "other", how do you self identify your gender?

27. What is your ethnic background? Check all that apply.

- White / Caucasian
- Asian - Eastern
- Asian - Indian
- Hispanic
- African-American
- Native-American
- Mixed race
- Other
- I prefer not to say

If you selected other, please specify

28. Have you used your college or vocational tuition wavier or accessed any higher education benefits?

- Yes
- No
- I did not know I had higher education benefits

29. What is the highest level of education you have achieved?

- Master's degree or above
- Bachelor's degree
- Associate's
- Certificate or other Professional school credentials
- High school
- Other
- I prefer not to say

If you selected other, please specify

30. What is your marital status?

- Married
- Divorced
- Separated
- Single
- I prefer not to say

31. Would you consider yourself to have a disability?

- Yes
- No
- I prefer not to say

32. What is your employment status?

- Full-time
- Part-time
- Contract/Temporary
- Unemployed
- Unable to work
- I prefer not to say

33. How much money did you make last year?

- Less than \$25,000
- \$26,000 - \$50,000
- \$51,000 - \$100,000
- \$101,000 - \$200,000
- More than \$200,000
- I prefer not to say

34. How many dependents (other people in your own household who rely on you to care for them—children, aged parents, etc.) do you have?

- No dependents
- 1
- 2-3
- 4 or more
- I prefer not to say

35. If you have a child, how old were you when your first child was born?

36. If you have one, what is your religion?

- Protestant
- Roman Catholic
- Mormon
- Orthodox - Greek
- Orthodox - Russian
- Jewish
- Muslim
- Buddhist
- Hindu
- Atheist
- Agnostic
- Other
- I prefer not to say

If you selected other, what is your religion?

37. Did you take advantage of extended foster care after you aged out?

- Yes
- No
- I am not sure what extended foster care is



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THANK YOU!

Your application has been successfully submitted. WHAT HAPPENS NEXT? The Texas Department of Family Protective Services will verify your eligibility. If eligible, you should receive payment soon.

Please reach out to [panaid@tacfs.org](mailto:panaid@tacfs.org) with questions or comments.