

Opportunity Passport™ is designed to help young people between the ages 14 – 26 of who are in or are transitioning from foster care learn how to manage and save their money.

As an Opportunity Passport™ participant, you will open a savings account, which you will leverage to request up to \$1000 of matching funds per year for approved assets, up to a program lifetime maximum of \$3000.

To be considered for enrollment in Opportunity Passport™, 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)
_____	_____	_____
Street Address	City, State, Zip	County
_____	_____	_____
Phone	Email	Date of Birth DD/MM/YY

Employment and Education

- 1) Are you currently employed? Yes, Part-time Yes, Full-time Not employed
- 2) Are you currently enrolled in school? No Yes If yes, where _____

Foster Care Involvement

- 3) Were you in foster care after the age of 14? No Yes
- 4) While in foster care did you have a: DHS worker Juvenile Court Officer Both Don't know
- 5) Are you currently participating in PAL or Aftercare services? No Yes

Participant Agreement

I understand that to participate 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 an Iowa Aftercare Services Network provider 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 Representative (name)

Provider Agency

Date

Submit completed form to:

Teresa White

Four Oaks Dubuque
180 W 15th St Dubuque, IA 52001

Email: twhite@fouroaks.org

Phone: (563) 557-3100

Fax: 866-292-7260

Eligibility Determination (for office use only)

Date Entered Foster Care _____

Date Exited Foster Care (if applicable) _____

Eligible for Opportunity Passport™ No Yes

Chafee Eligible No Yes

YPPI Staff initials _____ Date _____

Opportunity Passport™ ID number _____

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