

Participant Information

First Name

Last Name

Opportunity Passport™ #

Street Address

City, State, Zip

County

Phone

Email

Date of Birth (MM/DD/YYYY)

Preferred contact method: Phone

Text

Email

Banking Information

Name of Bank/Credit Union: _____ Account Number: _____

Address: _____ Current Account Balance: \$ _____

(Please call your banking institution for all balance inquiries.)

Explanation for Opportunity Passport™ exit

Explain why you would like to close your account and exit Opportunity Passport™.

How has Opportunity Passport™ helped you?

Participant Authorization

I understand by closing my savings account and exiting Opportunity Passport™ I will no longer have access to use the package of resources that have been available to me. I understand that I will need to meet all eligibility and enrollment requirements should I decide to be an Opportunity Passport™ participant in the future.

Participant Signature: _____ Date: _____

An Opportunity Passport™ representative will notify you when your account balance is ready at your banking institution. Then you will need to go to your banking institution to sign a form authorizing the closing of the account.

NOTICE: Allow 5 business days after submission of this form to the Youth Policy Institute for review and processing of this request.

Submit completed form to:**Darcy Andersen**

YSS

Self Sufficiency Advocate

11 E. State St.

Marshalltown 50158

Email: dandersen@yss.ames.ia.us

Phone: 641-328-9348

For Youth Policy Institute office use only

Reviewed by: _____ Date: _____

Date young person notified: _____

 Data entered into OPDS Initials _____

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyouth.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, and several private foster care providers and community based organizations.