OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Request for Independent Living (IL) Service(s) - 18 to 21

Person calling (relationship)			Date	
Youth's name			KK or Tribal number	
Date of birth	Social Security number		Ethnicity	
Street address	City		State	Zip
Area code	Home phone	Area code	Work phone	
Contact person				

What is your current situation and what help are you requesting?

Person taking request	Area code	Phone

STATE OFFICE USE ONLY. Eligibility

IL Supportive Services Yes ☐ No ☐ IL Housing Yes ☐ No ☐

KK number	Date youth exited care	Age at time of exit	Youth exited care from
Last counties/workers involved			
Date removed		Date of adjudication	
Additional information:			

Signature Date