Island Harbor
HOW TO APPLY
All Island Harbor students must be accepted to Texas A&M University-Corpus Christi as a full-time student. Therefore, all youth wishing to participate in Island Harbor must complete an ApplyTexas application online (applyTexas.org). The application fee can be waived with a letter from the student’s CPS caseworker.

In addition, the student must send in a copy of a current bacterial meningitis shot or vaccination, official copies of applicable test scores (SAT or ACT and TSI) and an official copy of a high school transcript or GED. If the student has not yet taken the SAT or ACT, please note that the fees for taking these tests can be waived by providing documentation to a high school counselor or CPS caseworker.

If the student has any dual credit or college coursework, the student will need to submit official copies of his/her transcripts.

All application information is sent to the Admissions office at the university.
APPLICATION TO ISLAND HARBOR

Once accepted to TAMU-CC, the youth must complete, and have approved, the state Supervised Independent Living forms. Youth will obtain these forms from their CPS case workers and the CPS caseworkers will sign the forms and send them to the DFPS SIL supervisor for approval.

Once approved by the state, the forms are sent to the TAMU-CC Anchor Team at islandharbor@tamucc.edu for review and signatures. The forms, whether the youth is accepted or denied into the program, are reviewed and sent back within 3 business days.

The youth will also complete the TAMU-CC Island Harbor application, which is found online at: https://ucoll.tamucc.edu/Anchor%20Team/island-harbor/Island%20Harbor.html
The completed form is submitted to islandharbor@tamucc.edu and is reviewed by the Foster Care Liaison.

Once the youth has been admitted into TAMU-CC, and approved for Island Harbor by the state and the Foster Care Liaison, the Foster Care Liaison will set up a time to meet with the student in person.
All TAMU-CC students are required to attend Islander Launch (TAMU-CC’s summer orientation) prior to beginning classes on the TAMU-CC campus. This includes Island Harbor students. More information about Islander Launch can be found at: https://orientation.tamucc.edu/

Islander Launch has generally been a good time for the Foster Care Liaison and student to meet in person to answer an additional questions.

Prior to registration of university classes, all students wishing to take courses are required to visit with the TAMU-CC Foster Care Liaison. Students are required to block out time in their schedules for Islander Navigation.
TUITION AND FEE WAIVER

Students wishing to utilize the Tuition and Fee Waiver to pay for their student fees and cost of tuition must submit written proof, from the Texas Department of Family and Protective Services (TDFPS), of eligibility.

Form K-908-1003 is the TDFPS verification of written proof and must be submitted to Accounts Receivable in the Student Services Center. (see sample form)
APPLICATION TO ISLAND HARBOR

To qualify for Island Harbor:

❖ Youth must be between 18-21 years of age and currently in foster care or aged out of foster care

❖ Complete, and have approved, the state Supervised Independent Living forms (see Sample Forms)

❖ Agree to participate in voluntary extended foster care

❖ Be admitted to TAMU-CC

❖ Complete the Island Harbor Application Form (see Sample Form)

❖ Interview with the TAMU-CC Foster Care Liaison and/or Anchor Coordinator

❖ Attend Islander Launch
HAVE YOU:

- Completed the applyTexas.org application online for TAMU-CC?
- Completed the FASFA application (The Free Application for Federal Student Aid)?
- Sent your ACT or SAT test scores to Office of Admissions at TAMU-CC?
- Sent your TSI test scores to Office of Admissions at TAMU-CC?
- Sent your official high school transcript or GED to Office of Admissions at TAMU-CC?
- Sent proof of your Bacterial Meningitis vaccination to Office of Admissions at TAMU-CC?
- Submitted your Tuition and Fee Waiver to TAMU-CC Accounts Receivable?
- Completed the state Supervised Independent Living forms?
- Completed the Island Harbor Application Form?
- Scheduled an interview with the TAMU-CC Foster Care Liaison and/or Anchor Coordinator?
- Registered for Islander Launch?
- Completed an Islander Housing application?
- Selected a Housing and Meal plan?
SAMPLE FORMS
Supervised Independent Living Forms

To be completed by Case Worker:
This portion of the form is to be completed by the young adult's assigned DFPS caseworker.
Once completed, the caseworker will submit the SIL provider to complete the lower portion of
the form.

Provider's Name: DFPS Service Area: 
Young adult's Name: Age: DOB: PID:
Young adult's expressed supervised independent living objective/interest:
SIL Settings (rank in order of preference) 1) 2) 3)
City/areas preferred: 1) 2) 3)
Young adult's contact information: Phone: Email: 
Caseworker's Name: Phone: Email: 
Supervisor's Name: Phone: Email: 
Desired Start Date: 
DFPS SIL State Office Coordinator:
Name: SIL Application Approval Date: 
Phone: Email: 
Considerations/Accommodations Requested: 

To be completed by SIL Provider:
This portion should be completed by the SIL provider in response to a referral from DFPS.
Please submit your response regarding the acceptance or denial of the young adult listed below
for your SIL program within 5 business days or receipt of this document. Please provide your
response by email to the young adult’s DFPS caseworker and copy the DFPS SIL State Office
Coordinator.

☐ Application accepted for further consideration
☐ Application denied based on:
  ☐ Lack of SIL setting(s) desired  ☐ Lack of available openings
  ☐ Lack of location desired  ☐ Young adult unwilling to sign provider agreement
  ☐ Young adult's behaviors  ☐ Young adult's readiness to participate in an SIL placement
  ☐ Intensity to meet identified needs Explain: 

Additional information: 

Name: Title: 
Designated Representative for SIL Approvals 

Signature: Date: 

701 W. 31st STREET • P. O. BOX 148010 • AUSTIN, TEXAS 78714-9010 • (512) 438-4800
An Equal Opportunity Employer and Provider
Supervised Independent Living Forms

SUPERVISED INDEPENDENT LIVING APPLICATION

**Purpose:** Use this form to have a CPS youth or young adult request placement in a CPS supervised independent living setting.

**Instructions:** Explain the purpose to the interested youth or young adult, and have youth or young adult complete, sign, and date the form, and return the form to you. Sign and date on the appropriate line and have your supervisor do the same.

**Directions:** After the form is completed and your supervisor has signed and approved, forward this form along with a completed 2087ex to the DFPS Supervised Independent Living mailbox. Questions about the form can be sent to the same mailbox.
Supervised Independent Living Forms

Texas Department of Family and Protective Services

To be completed by the Applicant in blue or black ink or typed (must be legible)

<table>
<thead>
<tr>
<th>YOUNG ADULT'S INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Today's Date</strong></td>
</tr>
<tr>
<td><strong>Applicant's Name</strong></td>
</tr>
<tr>
<td><strong>Address (include city, state, county and zip)</strong></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
</tr>
<tr>
<td>Are you still in High School? Yes [ ] or No [ ]</td>
</tr>
<tr>
<td>If Yes, what grade?</td>
</tr>
<tr>
<td>When will you graduate?</td>
</tr>
<tr>
<td>Are you currently attending a college, university, or vocational/training program? Yes [ ] or No [ ]</td>
</tr>
<tr>
<td>If yes, where are you attending and how many hours are you taking?</td>
</tr>
<tr>
<td>Name of School:</td>
</tr>
<tr>
<td>Hours Attending:</td>
</tr>
<tr>
<td>Are you currently working? Yes [ ] or No [ ] If yes, briefly describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY PREFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>List your top three cities/areas of Texas where you would want to live:</td>
</tr>
<tr>
<td>1. _______</td>
</tr>
<tr>
<td>2. _______</td>
</tr>
<tr>
<td>3. _______</td>
</tr>
</tbody>
</table>

SII SETTINGS
**Supervised Independent Living Forms**

<table>
<thead>
<tr>
<th>Texas Department of Family and Protective Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form K-606-2405</td>
</tr>
<tr>
<td>Revised April 2018</td>
</tr>
</tbody>
</table>

Please check your top three SIL Settings and rank where you would want to live (see descriptions of each setting on the last page):

- Apartment Setting ☐
- Non-College Dorm Setting ☐
- College Dorm Setting ☐
- Shared Housing Setting ☐
- Host Home Setting ☐

Please respond to the following questions in the space provided. Attach additional pages if needed.

1. Would you be willing to accept a SIL setting not on your list? Yes ☐ or No ☐

2. Do you have any specific needs, requests and or accommodation, such as a wheelchair, for an SIL Setting?

---

3. The SIL Setting will have less supervision than a typical foster care placement. Do you feel ready to live in a less supervised setting? Yes ☐ or No ☐ If Yes, please explain your level of readiness:
Supervised Independent Living Forms

On a scale of 1 to 5, please check how confident you are with performing the following task. Please note that (1) is not confident and (5) is extremely confident. Also, indicate your experience with each task.

- How confident are you with cooking? 1 □ 2 □ 3 □ 4 □ 5 □
  List your experience with cooking (e.g. -- I can cook the following; I've never had a chance to cook; etc.)

- How confident are you with budgeting? 1 □ 2 □ 3 □ 4 □ 5 □
  List your experience with budgeting (e.g. -- I have a checking account; I know the difference between need and want; I save more than I spend; I've never had my own money; etc.)

- How confident are you with grocery shopping? 1 □ 2 □ 3 □ 4 □ 5 □
  List your experience with grocery shopping (e.g. -- I can shop for vegetables, snacks, meats; I've never bought groceries; etc.)

- How confident are you with cleaning? 1 □ 2 □ 3 □ 4 □ 5 □
  List your experience with cleaning (e.g. -- I clean my room, clothes, kitchen, bathroom; I've never had to clean; etc.)

- How confident are you with transportation? 1 □ 2 □ 3 □ 4 □ 5 □
  List your experience with transportation (I have a driver's license; I can access public transportation; etc.)
Supervised Independent Living Forms

Life Management
Describe a challenge or difficulty that you have experienced in the last 6 months, such as work, school, friendships, the balancing of a challenging schedule, getting along with difficult people. How did you deal with this challenge or difficulty?

HOPEs AND DREAMS

Explain:
<table>
<thead>
<tr>
<th>GOALS</th>
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<tbody>
<tr>
<td><strong>In order to remain eligible for the Extended Foster Care Program, you must be employed or attending school, or enrolled in a program that removes barriers to employment. Please list three educational and employment goals you would like to accomplish while in the SIL setting.</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>How do you plan to accomplish this goal?</th>
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<tbody>
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</table>

<table>
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<tr>
<th>Goal 2:</th>
<th>How do you plan to accomplish this goal?</th>
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<table>
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<tr>
<th>Goal 3:</th>
<th>How do you plan to accomplish this goal?</th>
</tr>
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<table>
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<tr>
<th>What are your plans after you complete the SIL program?</th>
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<table>
<thead>
<tr>
<th>What are your long-term career goals?</th>
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</table>

DFPS values your privacy. For more information, read our privacy policy.
Texas Department of Family and Protective Services

SIGNATURES

I do hereby acknowledge that the information in this document is true to the best of my knowledge. Furthermore, I authorize the Texas Department of Family and Protective Services (DFPS) to release this document and other relevant information to others only for the purposes of determining my eligibility for the SIL Program.

Youth or Young Adult: [ ]

Date Signed: [ ]

Caseworker/Supervisor comments, if necessary:

Caseworker/Supervisor: By acknowledging below you affirm that that he/she has been prescreened and consulted for admission into the SIL program and have found that he/she can or continues to meet the Extended Foster Care requirements and is appropriate for placement in the SIL Program.

DFPS Primary Caseworker: [ ]

Date Signed: [ ]

DFPS Supervisor: [ ]

Date Signed: [ ]

Applicant’s Person Identification Number:

Legal Region:
TYPES OF SUPERVISED INDEPENDENT LIVING SETTINGS

Types of Supervised Independent Living (SIL) settings

There are different housing options that are considered an appropriate SIL setting. These settings have been contracted by DPFS and may include:

**Apartment Settings.** An apartment setting is a room or suite of rooms with kitchen facilities designed as a residence and generally located in a building occupied by more than one household. This setting may include on-site management.

**Non-College Dorm Settings.** A non-college dorm setting is a building containing a number of private or semiprivate bedrooms for housing a number of persons in a community whose inhabitants are either employed and/or in school and commute to these and other personal and social activities. This is similar to a college dorm without the relationship to an institution of higher learning. This may include on-site management. Example: a general residential operations (GRO) using an empty facility building (housing unit) on the GRO property.

**College Dorm Settings.** A college dorm setting is a building provided by a college or university containing a number of private or semiprivate bedrooms for housing a number of persons in a setting whose inhabitants are in school and commute to these and other personal and social activities. This includes dorms on or off-campus and college co-ops. This may include on-site management.

**Shared Housing Settings.** A shared housing setting is described as a number of people living cooperatively as an unrelated family in a house with an individual or a shared bedroom with a limited number of persons to a bedroom. This involves people renting a house in the community, similar to an apartment situation. This house setting is not on a General Residential Operations (GRO) campus with other non-SIL types of settings. This may include on-site management.

**Host Home Settings.** A host home setting is a family home with a rented room or garage apartment with access to kitchen and preferably laundry facilities in the home. The young adult agrees to the household rules and has the independence to come and go as needed for employment, school and other personal and social activities.
Tuition and Fee Waiver Form

The DFPS State College Tuition and Fee Waiver Form

Purpose: To assist youth to young adults currently or formerly in DFPS conservatorship, certain youth who exit foster care by returning to the legal responsibility of a parent, adopted youth or for youth where permanent managing conservatorship (PMC) was granted to a non-parent in obtaining the College Tuition and Fee Waiver Form. While the decision to grant the waiver is the college’s decision, this form serves to help support that the student meets one of the criteria of the waiver. This form identifies these individuals as "Students". Reference the CPS Handbook for additional program information: [http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10300.asp#CPS_10311](http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x10300.asp#CPS_10311)

Instructions: This form is to be completed and signed by authorized staff only. Authorized staff include: DFPS State Office staff, DFPS Preparation for Adult Living (PAL) staff, DFPS Adoption Assistance Eligibility staff, CPS regional program director, or CPS program administrator. PAL staff will complete the form for students where PMC was granted to a non-parent and for certain students who exit foster care by the court returning legal responsibility to the youth’s parent(s).

Directions: After completing and sign Form 1003 and submit the form to the eligible student.
Tuition and Fee Waiver Form

The DFPS State College Tuition and Fee Waiver Form

Student’s Full Name (Print): __________________________ Date of Birth: __________________________

ELIGIBILITY CRITERIA FOR FOSTER YOUTH, ADOPTED YOUTH, CERTAIN YOUTH WHO EXIT FOSTER CARE TO RETURN TO A PARENT(S), AND YOUTH IN PERMANENT MANAGING CONSERVATORSHIP:

In accordance with Section 54.366 and Section 54.367 of the Texas Education Code (TEC), and Title 16, Part 10 of the Texas Administrative Code (TAC), Chapter 700, section 700.165, the individuals mentioned below should be entitled to attend a state-supported college, university, or vocational college with tuition and fees waived due to one of the criteria listed below. This waiver does not apply to books, dormitory costs, or other campus costs for which the student is responsible. The student submits the letter at the time of enrollment or registration. To facilitate enrollment, this letter serves to confirm that the student meets the tuition and fee waiver requirements because of one of the following:

Use an X to mark the appropriate box:

The student was in DFPS conservatorship on the day before the student’s 18th birthday.

The student was in DFPS conservatorship on or after the day of the student’s 14th birthday and the student was eligible for adoption on or after that date.

The student was in DFPS conservatorship on the day the student graduated from high school or received an equivalent of a high school diploma.

The student was in DFPS conservatorship on the day the student was adopted and the adoption occurred on or after September 1, 2009.

The student was in DFPS conservatorship on the day permanent managing conservatorship (PMC) was granted to a non-parent and the PMC occurred on or after September 1, 2009.

The student was age 14 or older on or after June 1, 2015 and subsequently exited DFPS’s temporary managing conservatorship to the legal responsibility of the parent.

The student was age 16 or older on or after June 1, 2016 and subsequently exited DFPS’s permanent managing conservatorship to the legal responsibility of the parent.

The student is currently in DFPS conservatorship and is enrolling in a dual college credit course or other course in which a high school student may earn joint high school and college credit.

Note: The above mentioned students must take advantage of the state college tuition and fee waiver by enrolling in a state-supported college or university no later than the student’s 23rd birthday. (TEC 54.366)

The student was adopted and is/was the subject of an adoption assistance agreement with DFPS that provided both monthly payments and Medicaid assistance. (TEC 54.367)

Note: There is no age limit that at this time this student must meet to enroll in a state supported college or university in order to take advantage of the tuition and fee waiver.

CPS CONTACT INFORMATION

Contact information for any questions concerning this form.

Insert region D/C/Elfa for Adoption Eligibility Staff Name and Phone Number.

We are pleased that has decided to further his or her education at your institution and that the State of Texas is providing its general support. Thank you in advance for your efforts in helping accomplish his or her academic goals.

SIGNATURE

I confirm that the student’s criteria noted above was researched and reviewed.

Name and Title of Staff completing this form: __________________________ Agency/Region #: __________________________

Signature of Staff: __________________________ Date Signed: __________________________
Island Harbor Application

Texas A&M University-Corpus Christi Supervised Independent Living Application
ISLAND HARBOR

Applicant Information

Enter a date: ____________________________

Names: ____________________________
Address: ____________________________
State: ____________________________
Phone: ____________________________
City: ____________________________
Zip Code: ____________________________
Email: ____________________________

Date of Birth: ____________________________
Social Security Number: ____________________________
Medicaid Id Number: ____________________________

Emergency Contact Name: ____________________________
Emergency Contact Phone Number: ____________________________

Have you already been accepted to Texas A&M University-Corpus Christi? [ ] Yes [ ] No

T-Shirt Size: ____________________________

History

Have you had any history of violence in the past two years? [ ] Yes [ ] No
If yes, please explain: ____________________________

Have you had any history of mental health treatment in the past two years? [ ] Yes [ ] No
If yes, please explain: ____________________________

Have you had any history of physical illness in the past two years? [ ] Yes [ ] No
If yes, please explain: ____________________________
Island Harbor Application

Do you have a history of suicidal thoughts? Yes □ No □
If yes, please explain: ___

Do you have a history of homicidal thoughts? Yes □ No □
If yes, please explain: ___

Do you have a history of drug and alcohol abuse? Yes □ No □
If yes, please explain: ___

Are you on any current medication (prescribed, over the counter or supplements)? Yes □ No □
If yes, please list: ___

About You

What are your strengths?

What are your weaknesses?

Why do you want to come to Texas A&M University Corpus Christi?

What do you want to major in at Texas A&M University Corpus Christi?

Please explain your study habits in high school.

What challenges do you anticipate as a student?

What do you see as your greatest strengths as a student?

Describe your experience using a budget to manage your own personal money.

Describe how you handle conflict with your peers.

Describe how you handle conflict with authority figures.

Describe your experiences with managing your own schedule.

Describe your experiences with managing your daily activities.

Is there anything else we should know about you?
Island Harbor Application

Important People

Please list those who are important people to you, in your life, and the role that they play.

Name: ______________________ Phone Number: ______________________
Role: ______________________

May we contact the person listed above in case of emergency? Yes □ No □

Name: ______________________ Phone Number: ______________________
Role: ______________________

May we contact the person listed above in case of emergency? Yes □ No □

Name: ______________________ Phone Number: ______________________
Role: ______________________

May we contact the person listed above in case of emergency? Yes □ No □

Foster Care

How long have you been in CPS care?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance in Island Harbor, I understand that false or misleading information in my application or interview may result in my release.

Signature: ______________________ Date: ______________________