

**South Carolina Department of Social Services  
Independent Living Program  
SHOWER REQUEST FORM**

If you are interested in a college/emancipation shower, fill out this form and mail or fax it, along with a list of items that youth will need to:

South Carolina Foster Parent Association  
Attn: Lisa Franklin  
P.O. Box 39  
Elgin, SC 29045  
803-865-2020 (Phone)  
803-636-2674 (Fax)  
803-240-8189 (Cell)

College: (Name of college) \_\_\_\_\_  
 Emancipation

Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Name of Requestee: \_\_\_\_\_

Requestee's Address: \_\_\_\_\_  
\_\_\_\_\_

Requestee's Telephone: \_\_\_\_\_

Caseworker: \_\_\_\_\_

Caseworker's Telephone: \_\_\_\_\_

List of Needed Items: