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| **State_Seal3**  STATE OF WASHINGTON  DEPARTMENT OF  CHILDREN, YOUTH, AND FAMILIES  **Dependent / Ward of the Court Verification** | | | | | | |
| FIRST NAME | MIDDLE NAME | | LAST NAME | | | DATE OF BIRTH |
| Date entered foster care (most current) | Date exited foster care | | Date Dependency Established | | | Date Dependency dismissed |
| Currently in Foster care | Currently in Extended Foster Care | |  | | | |
| This letter is to confirm the above mentioned youth was under the supervision and care of the court through a Washington State dependency order.  **Chafee Eligibility**  The youth is or was involved in a dependency action in a Washington State or tribal court, in the custody of DCYF or an ICW agency for 30 days or more after their 15th birthday.  **Chafee Education and Training Voucher (ETV) Program Eligibility**  The youth meets Washington State ETV program eligibility.  **Free Application for Federal Student Aid (FAFSA) “ward of the court / in foster care” Eligibility**  The date of birth and dependency dates above provide verification for purposes of the FAFSA and that the youth is / was “a dependent / ward of the court at any time on or after the age of 13.”  **Financial Aid Administrators**  Please be advised recent or current wards of the court typically have little or no income and for purposes of the FAFSA, the federal Verification Guide states: “Payments and services received from states for foster care or adoption assistance, under Part A or Part E of Title IV of the Social Security Act are not to be reported as a resource for FAFSA eligibility.” | | | | | | |
| STAFF SIGNATURE | | | | TITLE | | |
| MAILING ADDRESS | | | | | | |
| CITY | | STATE | | | ZIP CODE | |
| PHONE | | EMAIL | | | | |