



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

Office Mailing Address City State Zip Code

Date

Name and Mailing Address

Dear First Name:

Thank you for requesting to participate in the Extended Foster Care (EFC) program on . Your request to participate in the EFC program was denied on based on the following reason(s):

- You were not in a dependency on your 18th birthday.
- You are not active in one of the required participation categories:
 - Enrolled in high school or a General Equivalency Certificate program.
 - Enrolled, applied, or can show intent to timely enroll in college or a vocational education program.
 - Participating in a program or activity designed to promote employment or remove barriers to employment, including part-time employment.
 - Employed 80 hours or more a month.
 - Unable to engage in any of the above activities due to a documented medical condition.
- You are age 21 or older.

If you believe we have denied your request in error, you must file with your local Superior Court a Notice of Intent to File a Petition for Dependency within 30 days and ask to establish a non-minor dependency action. You may also request that an attorney be appointed to represent you in regard to the dependency petition.

Sincerely,

Case Worker's Name, Title
Department of Children, Youth, and Families
555-555-5555

cc: Case File