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| **State_Seal3**STATE OF WASHINGTONDEPARTMENT OFCHILDREN, 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 |