



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Dependent / Ward of the Court Verification

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
DATE AND AGE DEPENDENCY WAS ESTABLISHED	DATE AND AGE DEPENDENCY WAS DISMISSED	AMOUNT OF TIME SPENT IN CARE YEARS MONTHS <input type="checkbox"/> 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 Independent Living Program Eligibility

The youth is or was involved in a dependency action in a Washington State or tribal court, in the custody of DSHS 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."

CA SIGNATURE	TITLE		
ORGANIZATION			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PHONE	EMAIL		