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| **State_Seal3**  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 reached the age of 21 or older before January 27, 2020.  It is after September 30, 2021, and you have reached the age of 21 or older  Other   |  | | --- | |  |   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 | | |