



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 <input type="checkbox"/>	Currently in Extended Foster Care <input type="checkbox"/>		

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 15<sup>th</sup> 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	