

# FOSTER CARE VERIFICATION FORM

## CALIFORNIA CHAFEE EDUCATION AND TRAINING VOUCHER PROGRAM

### **INSTRUCTIONS**

The California Chafee Education Training Voucher (ETV) Program awards grants to eligible youth to attend postsecondary education or training programs. Anyone under 26 who was a dependent or a ward of the court and in foster care for one day or more between the ages of 16 to their 18<sup>th</sup> birthday can apply. On this form, applicant and designated county official provide information to the California Department of Social Services (CDSS) to verify the applicant's foster care placement history. Foster care placement history need only to be verified once.

*For Applicant Only:* Before completing this verification form, please complete the following steps:

1. Submit the Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA) for the academic year in which you intend to apply for the Chafee Grant - <https://studentaid.ed.gov/sa/fafsa> / <https://dream.csac.ca.gov>
2. Complete the Chafee application. - <https://chafee.csac.ca.gov/StudentApplication.aspx>
3. Create an account at *WebGrants* for Students. - <https://mygrantinfo.csac.ca.gov/logon.asp>
  - ❖ *Issues with WebGrants for Students? Contact California Student Aid Commission (CSAC) at [chafee@csac.ca.gov](mailto:chafee@csac.ca.gov) / 1-888-224-7268, option 3.*
4. View your Student Application Status page on *WebGrants* for Students to check if you have already been verified as foster care eligible under the Chafee Grant Program requirements.

FOR APPLICANT TO COMPLETE ONLY			
FIRST NAME	MIDDLE INITIAL	LAST NAME	
PREVIOUS NAME / KNOWN ALIASES (if applicable)	DATE OF BIRTH	SOCIAL SECURITY NUMBER / DREAM ACT ID (9-digits)	
CURRENT MAILING ADDRESS		CITY, STATE	ZIP CODE
E-MAIL ADDRESS		PHONE NUMBER	
LIST THE COUNTIES YOU WERE IN FOSTER CARE BETWEEN THE AGES OF 16 to 18 <sup>th</sup> BIRTHDAY.			
BETWEEN AGES OF 16 to 18 <sup>th</sup> BIRTHDAY, WERE YOU IN FOSTER CARE OUT OF STATE (NOT IN CALIFORNIA)?		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If you selected 'YES', please provide the information below.</i>	
		CITY, STATE	
THIRD PARTY RELEASE		I, _____, hereby authorize that the California Department of Social Services and the California Student Aid Commission have permission to verify my Foster Care status.  Furthermore, I authorize the County to complete and release the information requested on this form.	

I certify that the information above is correct.

APPLICANT'S SIGNATURE	DATE
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### **NEXT ACTION FOR APPLICANT**

Fax, email, or mail this form to the Chafee ETV contact in the county where you are living now.

If you need assistance or information, contact the Independent Living Program for the county where you currently reside, or the California Department of Social Services at [CFSSChafeeETV@dss.ca.gov](mailto:CFSSChafeeETV@dss.ca.gov).

A list of county ILP coordinators can be found at [www.chafee.csac.ca.gov](http://www.chafee.csac.ca.gov) under Chafee Eligibility > Eligibility Form.

*For County Official Only:* The Chafee Grant Program has strict criteria for eligibility, therefore, it is essential that a County Official completes the second page to pre-verify the applicant's information.

<b>FOR COUNTY OFFICIAL TO COMPLETE ONLY</b> <i>County Official must complete and sign, or this form is incomplete.</i>	
WAS THE APPLICANT A DEPENDENT OR WARD OF THE COURT FOR ONE OR MORE DAYS BETWEEN THE AGES OF 16 to 18 <sup>th</sup> BIRTHDAY?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <i>If you selected 'YES', proceed to Question #2</i>  <i>If you selected 'NO', the student is not eligible to participate in the Chafee Grant Program. Please sign and date below, then return this form to the Department of Social Services for our record.</i>
DID THE APPLICANT HAVE AN OUT-OF-HOME PLACEMENT COURT ORDER, BETWEEN THE AGES OF 16 to 18 <sup>th</sup> BIRTHDAY?	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <i>If you selected 'YES', please provide the information below.</i>
	COUNTY OF OUT-OF-HOME PLACEMENT
	OUT-OF-HOME PLACEMENT DATES
	COUNTY OF JURISDICTION
	COURT DEPENDENCY/WARDSHIP DATES

I certify that the information above is correct.

AUTHORIZED COUNTY OFFICIAL'S SIGNATURE	PRINTED NAME	
PHONE NUMBER	COUNTY NAME	DATE
EMAIL ADDRESS		

**STEPS FOR COUNTY OFFICIAL**

Submit completed form through any one option below.

- Mail: CSAC- California Chafee ETV Program, PO Box 419027, Rancho Cordova, CA 95741-9027
- Fax: 1-916-464-8240
- Email: [Chafee@csac.ca.gov](mailto:Chafee@csac.ca.gov)

Please allow 2-3 weeks to process this verification form. No notification will be sent to the applicant. We advise all applicants to periodically check their WebGrants for Students account to view the status of their foster care verification.

If there is a green check mark next to "Department of Social Services Record", the applicant meets the foster care eligibility requirement. If the applicant does not meet the foster care eligibility requirement, his/her Chafee application is withdrawn and an ineligible reason is provided on top of their Student Application Status page.

For questions regarding how to complete this form, the applicant's *WebGrants* for Students account, or completing the Chafee application, contact the California Student Aid Commission: [chafee@csac.ca.gov](mailto:chafee@csac.ca.gov) / 1-888-224-7268, option 3.

<b>FOR CDSS/CSAC USE ONLY</b>			
<input type="checkbox"/> <b>Eligible</b> <input type="checkbox"/> <b>Not Eligible</b>	NOTE SECTION		
<i>If not eligible, select reason code:</i>			
<input type="checkbox"/> 1200 – Declined participation	<input type="checkbox"/> 1206 – Foster care case closed prior to age 16		
<input type="checkbox"/> 1201 – Not a prior foster youth or ward of the court	<input type="checkbox"/> 1207 – Aged out withdrawal		
<input type="checkbox"/> 1202 – No foster care case reported	<input type="checkbox"/> 1208 - Student is deceased		
<input type="checkbox"/> 1203 – Kin-Gap care reported	<input type="checkbox"/> 1209 – Dependency/wardship reported, but Out-of-home placement not reported		
<input type="checkbox"/> 1204 – Legal guardianship care reported	<input type="checkbox"/> 1210 – 5 year paid out withdrawal		
<input type="checkbox"/> 1205 – Voluntary placement reported			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">                             OFFICIAL'S NAME                         </td> <td style="width: 30%; padding: 5px;">                             DATE                         </td> </tr> </table>	OFFICIAL'S NAME	DATE
OFFICIAL'S NAME	DATE		

For questions regarding the applicant's foster care eligibility or Chafee denial, contact the California Department of Social Services: [CFSSChafeeETV@dss.ca.gov](mailto:CFSSChafeeETV@dss.ca.gov) / 1-916-651-7465.