# **FOSTER CARE VERIFICATION FORM**

# CALIFORNIA CHAFEE EDUCATION AND TRAINING VOUCHER PROGRAM CAL GRANT ACCESS AWARD FOR FOSTER YOUTH & CAL GRANT B FOSTER YOUTH AWARD

#### **GRANT OVERVIEW AND PROGRAM ELIGIBLITY**

The California Chafee Education and Training Voucher (ETV, also known as Chafee Grant) 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.

The Cal Grant B and The Cal Grant Access Award are for Foster Youth, if deemed eligible the award allows students who are current and former foster youth to be eligible for increased Cal Grant eligibility and funding. *California Education Code section 66025.9, defines foster youth and former foster youth as a person in California whose dependency was established or continued by a court of competent jurisdiction, including a tribal court, on or after the youth's 13th birthday.* 

By completing this form, you are agreeing to have your foster care status reviewed to determine your eligibility for the Chafee Grant, Cal Grant B Foster Youth Award, and the Cal Grant Access Award for Foster Youth.

Instructions for Applicant Only: Before completing this verification form, please complete the following steps:

- 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 - <a href="https://studentaid.gov/h/apply-for-aid/fafsa">https://studentaid.gov/h/apply-for-aid/fafsa</a> / <a href="https://studentaid.gov/h/apply-for-aid/fafsa
- If you meet the Chafee ETV qualifications above, complete the Chafee Grant application at the link listed below https://mygrantinfo.csac.ca.gov/fosteryouthapplication
- 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 <a href="mailto:chafee@csac.ca.gov/1-888-224-7268">chafee@csac.ca.gov/1-888-224-7268</a>, 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.
- 5. For more information on Cal Grant B. click this link; https://www.csac.ca.gov/post/cal-grant-b-foster-youth-award

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, STAT	CITY, STATE			ZIP CODE
E-MAIL ADDRESS					PHONE NU	MBER	
LIST THE COUNTIES YOU WERE IN FOSTER CARE ON OR AFTER YOUR 13TH BIRTHDAY.					1		
ON OR AFTER YOUR 13TH BIRTHDAY, WERE YOU IN FOSTER CARE OUT OF STATE (NOT IN CALIFORNIA)?	☐ YES  If you selected 'YES', please provide the information below.						
	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 or State who established my foster care jurisdiction to complete and release the information requested on this form.						
I certify that the information above is correct.							
APPLICANT'S SIGNATURE						DATE	

Rev 10/17/22 Page 1 of 2

#### **NEXT ACTION FOR APPLICANT**

Fax, email, or mail this form to the Chafee ETV / ILP Coordinator contact in the county/state where your foster case was opened.

If you need assistance or information, contact the Independent Living Program (ILP) for the county where you currently reside, or the California Department of Social Services at <a href="mailto:CFSChafeeETV@dss.ca.gov">CFSChafeeETV@dss.ca.gov</a>.

\*\*For County Official Only: The Chafee Grant and Cal Grant Foster Youth 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.

FOR COUNTY / STATE OFFICIAL TO COMPLETE ONLY						
COUNTY OR STATE NAME OF FOSTER CARE JURISDICTION						
DATE APPLICANT DECLARED A DEPENDENT/WARD						
OUT-OF-HOME PLACEMENT DATES AS A DEPENDENT						
COURT DEPENDENCY/WARDSHIP DATES (CASE OPEN -TO-CLOSE	E)					
WAS THE APPLICANT DECLARED A FOSTER YOUTH WHO ESTABLISHED OR CONTINUED BY A JUVENILE COURT, OF	□ YES	□NO				
DID THE APPLICANT HAVE AN OUT-OF-HOME PLACEMEN 18 <sup>TH</sup> BIRTHDAY?	□ YES	□NO				
DID THE APPLICANT'S CASE CLOSE AS A RESULT OF A GIPRIOR TO THE AGE OF 16?	□ YES	□NO				
I certify that the information above is correct.						
AUTHORIZED OFFICIAL'S PRINTED NAME  AUTHORIZED OFFICIAL'S SIGNATURE						
PHONE NUMBER	COUNTY / ST.	ATE NAME	DATE			
EMAIL ADDRESS	•		1			

### **NEXT ACTION 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: (916) 464-8240
- Email: Chafee@csac.ca.gov

## IMPORTANT INFORMATION FOR APPLICANT

Please allow 3-4 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: <a href="Chafee@csac.ca.gov">Chafee@csac.ca.gov</a> / 1-888-224-7268, option 3.

For questions regarding the applicant's foster care eligibility or Chafee denial, contact the California Department of Social Services: <a href="mailto:CFSChafeeETV@dss.ca.gov">CFSChafeeETV@dss.ca.gov</a> / 1-916-651-7465.

Rev 10/17/22 Page 2 of 2