**Foster Care Verification**

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| Pursuant to section to 475(5)(I) of the Family First Prevention Services Act it is required to provide a youth in foster care for more than six (6) months official documentation necessary to verify their foster care status upon case closure. This letter is to be provided to all youth sixteen (16) year and older at the time of case closure regardless of placement and legal status. For youth transitioning out of foster care, this letter should be provided at age eighteen (18) or within ninety (90) days of case dismissal. |

**Re:** Name of Foster Youth

**Date of Birth:** MM/DD/YYYY

**Date of Removal:** MM/DD/YYYY

**End Date of Wardship:** MM/DD/YYYY

This letter serves as verification that [Youth’s Name], date of birth [MM/DD/YYYY], was a ward of the court/CHINS under the care and supervision of the Indiana Department of Child Services and in foster care for at least six (6) months. This letter confirms that [Youth’s Name] was considered a “ward of the court” for the purposes of verifying the youth previous foster care status to provide documentation for:

1. **Free Application for Federal Student Aid (FAFSA) “ward of the court / in foster care” Eligibility.** The above information provides verification for purposes of the FAFSA and that the youth is / was “a dependent / ward of the court “any time on or after the age of thirteen (13).”
2. Medicaid or other programs, services and benefits for which being in foster care is an eligibility requirement.

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DCS FCM / 3CM Signature Date *(mm/dd/yyyy)*

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Print Name

For additional information or inquiries about services for former foster youth who aged out of foster care, contact Indiana Department of Child Services / Older Youth Initiatives at [OlderYouthQuestions@dcs.IN.gov](mailto:OlderYouthQuestions@dcs.IN.gov).