



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
EMANCIPATION SERVICES – ILP / Probation
3530 Wilshire Boulevard, 4th Floor
Los Angeles, California 90010
(213) 351-0100

PATRICIA S. PLOEHN, LCSW
Director

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“County Ward of Court” Verification Letter
for the purposes of Federal Financial Aid

Regarding: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

County ILP Contact Number: 323-965-7002

County Identification Number: \_\_\_\_\_
Indicate full State # which include County # (19), Aid Code Type # and 7 digit State #.

Start Date of Wardship: \_\_\_\_\_
Indicate Full Date

Close Date of Wardship: \_\_\_\_\_
Indicate Full Date

This letter is to confirm that \_\_\_\_\_ is/was a “ward of the court” until the age of 18 under Los Angeles County from \_\_\_\_\_ to \_\_\_\_\_. This means that \_\_\_\_\_ he / she is considered a “ward of the court” for the purposes of answering the FAFSA question regarding, “Are you (a) an orphan or (b) are you (or were you until age 18) a ward/ dependent of the court?” \_\_\_\_\_ was placed in out-of-home care. The Financial Aid Administrator does not need to question the student about their unusually low income since the student’s support comes from the State.

PLEASE NOTE: The FAFSA Application and Verification Guide states that “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 on Worksheet B of the FAFSA (AVG p.17). If you have any further questions, please feel free to contact the ILP/Probation Coordinator listed below.

ILP / Probation Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_
Sonya Fife, MSW SCSW
Phone No. 323-965-7002

SUMMER YOUTH EMPLOYMENT PROGRAM  
ELIGIBILITY DETERMINATION FORM

**Referring Agency & Program (Section 1)**

<b>Referring SYEP Contractor/Agency</b>	<b>Type of Program:</b> Summer Youth Employment Program
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**Applicant Information – To Be Completed By Applicant (Section 2)**

<b>YOUTH INFORMATION</b>		
<b>Name:</b>	<b>Home Telephone No.:</b>	
<b>Address:</b>	<b>Work Telephone No.:</b>	
Age: _____	Date of Birth: _____	Social Security Number: _____
Does your family have income? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list source(s) of Income: _____	
Your Family's Monthly Gross Income Amount ( <b>before taxes/deductions</b> - verification required): \$ _____		
Are you a U.S. citizen or legal resident with the right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you receiving or have received Foster Care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Household and Income Information – To Be Completed By Applicant (Section 3)**

*Below, please provide information on the family members you are living with. Please continue on a separate sheet for additional household members.*

Name: _____	Relation to Applicant (verification required): _____		
Age: _____	Date of Birth: _____	Last 4 digits of SSN: _____	
Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Source(s) of Income: _____			
Monthly Gross Income Amount (verification required): _____			
Name: _____	Relation to Applicant (verification required) _____		
Age: _____	Date of Birth: _____	Last 4 digits of SSN: _____	
Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Source(s) of Income: _____			
Monthly Gross Income Amount (verification required): _____			
Name: _____	Relation to Applicant (verification required) _____		
Age: _____	Date of Birth: _____	Last 4 digits of SSN: _____	
Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Source(s) of Income: _____			
Monthly Gross Income Amount(verification required): _____			
Name: _____	Relation to Applicant (verification required): _____		
Age: _____	Date of Birth: _____	Last 4 digits of SSN: _____	
Does this person have income? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Source(s) of Income: _____			
Monthly Gross Income Amount (verification required): _____			
<b>Family Size:</b> _____	<b>Family's Total Monthly Gross Income:</b> _____	\$ _____	

You must submit proof of income and verify the child(ren) in the home. It is recommended to submit verification of income, child existence, and relationship to applicant with this application or you will be asked to provide it later. Examples of acceptable verification documents are listed on the next page.

**CERTIFICATION**

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information on this application is true, correct, and complete. I also understand that I must provide verification of: income, relationship to child, and child existence.

Applicant/Parent or Guardian's (if minor) Signature	Date
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SUMMER YOUTH EMPLOYMENT PROGRAM  
ELIGIBILITY DETERMINATION FORM

**EXAMPLES OF ACCEPTABLE VERIFICATION DOCUMENTATION**

Income Types	Verification of Child Existence & Relationship to Applicant
<ul style="list-style-type: none"> <li>• Salary/Pay Check Stubs</li> <li>• Unemployment Insurance Benefit check Stubs</li> <li>• Workers Compensation</li> <li>• State Disability Indemnity Check Stubs</li> <li>• Social Security Award Letters</li> <li>• Supplemental Security Income/State Supplementary Payment (SSI/SSP)</li> <li>• Veterans or Railroad Retirement Income</li> <li>• Child/spousal Support Check Payments</li> </ul>	<ul style="list-style-type: none"> <li>• Original official birth certificate</li> <li>• Certified computer-generated abstract of birth record</li> <li>• Certified photocopy of birth record</li> <li>• Original adoption decree</li> <li>• School records i.e. last report card</li> <li>• Immunization records (current records)</li> <li>• Original court order that shows if a child is or has been in foster care</li> <li>• Hospital/physician/licensed midwife's birth record that contains identifying information about the child/parents.</li> <li>• Original U.S. passport</li> </ul>

Income:	200% FPL Poverty Guideline Chart	
Total family's gross monthly income cannot exceed 200% of the Federal Poverty Level (FPL)	Family Size	Monthly Income Level
	1	\$1,805
	2	\$2,429
	3	\$3,052
	4	\$3,675
	5	\$4,299
	6	\$4,922
	7	\$5,545
	8	\$6,169
	For Each Additional Person Add	\$624

**Eligibility Determination - To Be Completed By SYEP Contractor (Section 4)**

Is the parent/family eligible to ECF:	<input type="checkbox"/> Yes <input type="checkbox"/> No, Reason: _____	
<b>ECF Eligibility Certified By:</b>		
_____	_____	_____
(Print Name <b>AND</b> Initial)	Contact No.	Date
<b>Authorizing Person:</b>		
_____		Date: _____
(Print Name <b>AND</b> Initial)		