

**California Chafee Education and Training Voucher Program
Foster Care Eligibility Certification Form**

The California Chafee Education and Training Voucher (ETV) Program awards grants to eligible youth to attend postsecondary education or training programs. Anyone under 26 who was a dependent or ward of the court and in foster care for one day or more between the ages of 16 and 18 can apply. On this form applicants and designated county staff provide information to the California Student Aid Commission to verify the applicant's foster care placement history.

To the applicant and the county: Foster care placement history need only be verified once. Complete and submit this form ONLY when requested by the California Student Aid Commission. Applicants can create an account and view California Chafee (ETV) status online at WebGrants for Students - <https://mygrantinfo.csac.ca.gov/logon.asp>.

To the applicant: complete this section only.

Full name _____ (please print)
Date of Birth ____/____/____ Social Security Number, if you have one _____ (last four digits)
If you were in foster care between the ages of 16 and 18, which counties did you live in: _____
Current mailing address _____
Email address _____ Phone number _____

After you have signed this form, send it by fax or mail to the Chafee ETV contact in the county where you are living now. If you need help call, the Independent Living Program for the county where you live now, the California Student Aid Commission at (888) 224-7268, or the California Department of Social Services at (916) 651-7465.

I authorize the county to complete and release the information on this form to the California Student Aid Commission.

Applicant's signature _____ Date _____

To the county Point of Contact: complete this section only.

Was the applicant in foster care AND a dependent or ward of the court for one day or more between the ages of 16 and 18?
YES County of placement _____
Foster care placement (ages 16-18 only) _____ (Beginning and end dates)
County of jurisdiction _____
Court dependency/wardship (ages 16-18 only) _____ (Beginning and end dates)
NO Not in foster care between the ages of 16 - 18.
Not a dependent or ward of the court while in foster care

I certify that the above information is correct. Signature _____ Date _____

Name (please print) _____ County _____
Phone _____ Email _____

For assistance with this section call the California Department of Social Services at (916) 651-7465. Send this form by mail, fax or as a scanned email attachment to:

CSAC- California Chafee ETV Program
PO Box 419027
Rancho Cordova, CA 95741-9027
FAX: (916) 464-8240
chafee@csac.ca.gov

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