

Sample County "Ward of the Court" Verification Language

RE: (child's name)
DOB: (child's date of birth)
SSN: xxx-xx-xxxx
Current Mailing Address:
County Contact Number:
County Identification Number:
Start Date of Wardship: (xx/xx/xxxx)
Close Date of Wardship: (xx/xx/xxxx)

This letter is to confirm that (child's name) was under the supervision and care of the court until the age of 18 in (county name) County from (dates of care; i.e., xx/xx/xxxx to xx/xx/xxxx). (Child's name) was placed in out-of-home care in a foster care placement. This means that (child's name) is considered a "ward of the court" for the purpose of responding to questions on the Free Application for Federal Student Aid (FAFSA).

Financial Aid Administrators should be advised that recent or current wards of the court typically have little or no income and for purposes of the FAFSA Application, the federal 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.

Signature

Date

Print Name