

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, CA 95814



November 2, 2005

ALL COUNTY LETTER NO. 05-32

TO: ALL COUNTY WELFARE DIRECTORS  
ALL COUNTY ILP PROGRAM MANAGERS  
ALL COUNTY ILP COORDINATORS  
ALL COUNTY PROBATION OFFICERS

**REASON FOR THIS TRANSMITTAL**

- State Law Change  
 Federal Law or Regulation Change  
 Court Order  
 Clarification Requested by One  
or More Counties  
 Initiated by CDSS

SUBJECT: FOSTER YOUTH PROOF OF DEPENDENCY/WARDSHIP DOCUMENT

This All County Letter is intended to provide counties with protocols for the purpose of standardizing compulsory information and to define county responsibility when preparing a proof of dependency document for youth emancipating from the child welfare system. Manual of Policies and Procedures, Section 31-236(i)(4)(F), states that a youth be provided with "a proof of county dependency status..." which may be used to enable them to apply for sources of post-emancipation financial support including emancipation stipends, Supportive Transitional Emancipation Program (STEP), Transitional Housing Programs, educational scholarships and grants, and health care. While all counties currently comply with this requirement by providing youth with some form of documentation, the type and framework of these documents are varied.

A workgroup comprised of members of the California Welfare Director's Association, Independent Living Program subcommittee, and the State Independent Living Program Policy Unit, under advisement from the Family and Juvenile Law Advisory Committee, developed a Proof of Dependency/Wardship Card (see attached sample) for emancipating foster youth that may be used as verification when applying for financial aid or other resources. Any form a county chooses to utilize must include the following information as a matter of acceptance by the Student Aid Commission and other resource agencies:

**1. Essential Information**

- Youth Name
- Date of Birth
- Current Mailing Address and ILP Contact Number
- County Identification Number (aid payment number used to identify a youth in out-of-home care) or Probation Identification Number
- Dependency/Wardship Start Date

- Dependency/Wardship Termination End Date (Court Date)

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## **2. Recommended Form of Documentation**

The **form** of documentation provided to emancipating youth by each county is optional. However, a laminated, wallet-sized card is the recommended form of dependency verification. The advantages include:

- A standardized form of documentation will allow for financial institutions to become familiar with the forms and will lead to a wider acceptance of validation;
- A laminated card would be more convenient for the youth to carry on their person.

## **3. County Responsibility**

- When dependency/wardship, as ordered by the county juvenile court, is dismissed, a Proof of Dependency document shall be issued to the youth;
- Counties shall ensure dependency/wardship document is properly completed.

## **4. Replacement**

- Replacement documents should be issued timely in order to mitigate delays that may impact receiving services, educational opportunities, or availability of other urgent needs;
- Document shall be reproduced, if necessary, at county cost.

If you require additional information or assistance, please do not hesitate to contact Sonya St. Mary, Manager, Independent Living Program Policy Unit, at (916) 651-7465, or Marsha Tagawa, Program Analyst, at (916) 657-3329.

Sincerely,

### ***Original Document Signed By***

MARY L. AULT  
Deputy Director  
Children and Family Services Division

Attachment

c: CWDA

*Proof of Dependency*

*(559) 453-6689*



*Fresno County Independent Living Program*

*Proof of Dependency*

*(559) 453-6689*



*Fresno County Independent Living Program*

*Youth Name:* \_\_\_\_\_

*DOB:* \_\_\_\_\_

*Youth's Current Mailing Address:* \_\_\_\_\_

*I.L.P Staff Contact Number:* \_\_\_\_\_

*County ID or Probation ID:* \_\_\_\_\_

*Dependency/Wardship Start Date:* \_\_\_\_\_

*Dependency Wardship Termination End Date (Court Date):* \_\_\_\_\_

*County of Dependency:* \_\_\_\_\_

*CIN ID:* \_\_\_\_\_