



FOSTER CARE AND FAFSA INDEPENDENT STATUS VERIFICATION

To: Financial Aid Office
Re: Foster Care and FAFSA Independent Status Verification

PART A

This is to verify that: _____ entered into care on: _____
Youth's Full Name *Date of Most Recent Entry*

and meets one or more of the following criteria:

- Had no living parent (biological or adoptive) during any period, since age 13, even if now adopted;
- Was in foster care at any time since age 13, even if no longer in foster care as of today;
- Is currently in legal guardianship as determined by the court in his or her state of legal residence;
- Was in legal guardianship as determined by the court in his or her state of legal residence immediately before turning 18 years of age; or
- Left NH DCYF Foster Care by reason of having attained eighteen years of age or older.

SIGNATURE

Name of Certifying Authority *Title of Certifying Authority*

Signature of Certifying Authority *Date*

Street Name and Number *City/Town* *State* *Zip Code*

Phone Number *Fax Number* *Email Address*

PART B (only complete this part of the form at the youth's request)

I _____ whose date of birth is _____
Youth's Full Name *Youth's Date of Birth*

allow _____
Name of CPSW or JPPO

TO:

- Access any and all information related to my verification status or application for financial assistance.
- Participate in discussions on my behalf related to my verification status or application for financial assistance.
- Provide any and all financial information including Financial Aid information.

This authorization will expire on: _____ or sooner at my request.

Youth's Signature *Date*



Instructions to the Foster Care and FAFSA Independent Status Verification

PURPOSE:

The "Foster Care and FAFSA Independent Status Verification" form is used to confirm prior foster care status of youth exiting DCYF care and to confirm the eligibility of youth currently or formerly in DCYF placement for the Free Application for Federal Student Aid (FAFSA) Independent Status designation. It also allows the youth to authorize the CPSW or JPPO to have access to any and all information related to their verification status or application for financial assistance and/or to participate in discussions on their behalf related to their verification status or application for financial assistance.

INSTRUCTIONS:

Form 1992 is a one-page form that consists of Part A and Part B.

Part A is completed by the CPSW or JPPO prior to the 90 day youth transition meeting and it is provided to the youth at the meeting.

Part B is completed at the youth's request and a copy is sent to the financial aid office of the college(s) or career training school(s) the youth is applying to.

FORM COMPLETION:

PART A:

Enter the Youth's Full Name;

Enter the Date of Most Recent Entry into foster care;

Check one or more of the criteria to prove independent status;

Enter the Name and Title of the Certifying Authority; and

Sign and Date.

Enter the Address, Phone Number, Fax Number and Email Address of the Certifying Authority.

PART B: *(If requested by the youth)*

Enter the Youth's Full Name and Date of Birth;

Enter the Name of the CPSW or JPPO;

Indicate what the youth is granting the CPSW or JPPO access to;

Enter the authorization expiration date; and

Youth signs and dates.

RETENTION:

Form 1992 is retained permanently in the youth's case file.