

Proof of Foster Care

| To: | Child's | First and | Last Na | ame |
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Child's date of birth:

From: Case Manager's First and Last Name, Case Manager's Title

Address Email

Phone Number

Re: Foster Care/Ward of Court Documentation

Issue date:

This memo serves as documentation that you were in the care, custody, and control of the Iowa Department of Health and Human Services for purposes of out-of-home placement, as of , at age

This means you are considered a "ward of the court," which may make you eligible for certain programs. For example, you should answer "yes" to the Federal Application for Federal Student Aid (FAFSA) question that asks, "At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?"

Please keep this with your important papers. When asked about "foster care" or "ward of court" status, you may show this letter as proof.

Please contact the Iowa Department of Health and Human Services for assistance if you have additional questions.

| Sincerely, | | | |
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