



EDMUND G. BROWN JR. GOVERNOR

April 27, 2016

REASON FOR THIS TRANSMITTAL

[X] State Law Change[] Federal Law or Regulation Change

[] Court Order

[] Clarification Requested by One or More Counties[X] Initiated by CDSS

ALL COUNTY INFORMATION NOTICE NO. I-27-16

- TO: ALL COUNTY CHILD WELFARE DIRECTORS ALL CHIEF PROBATION OFFICERS ALL INDEPENDENT LIVING PROGRAM COORDINATORS
- SUBJECT: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES PROVIDING WRITTEN VERIFICATION OF FORMER FOSTER CARE STATUS TO FORMER FOSTER YOUTH

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY **DEPARTMENT OF SOCIAL SERVICES** 744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov

REFERENCE: ASSEMBLY BILL (AB) 592 (CHAPTER 215, STATUTES OF 2015); WELFARE AND INSTITUTIONS CODE (W&IC) SECTION 826.8

The purpose of this All County Information Notice is to inform county child welfare agencies and juvenile probation departments that the California Department of Social Services (CDSS) now has the legal authority to provide written verification to former foster youth of their time spent in foster care, should these individuals request it from CDSS.

Background/Overview

The AB 592 was approved by the Governor on August 17, 2015. With the passage of AB 592, CDSS is now authorized to provide former foster youth with written verification of their time spent in foster care. Former foster youth frequently need written documentation of their time spent in foster care in order to enroll in, or apply, for certain supports and services including healthcare coverage, financial aid assistance for college and housing. Although foster youth should receive a letter verifying their time in foster care, former foster youth often request this letter at a later date when they need proof of their time in care and cannot find their original letter.

Prior to the passage of AB 592, when former foster youth needed a letter verifying their time spent in foster care, they were required to contact the county agency that served them during their time in foster care. Former foster youth should still attempt to contact

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their county child welfare or probation agency for assistance with this matter first, but should a youth have any difficulties receiving assistance from their county agency, they may also contact CDSS for assistance.

The CDSS only has the authority to provide this verification to former foster youth. If a current foster youth requests this verification from CDSS, the foster youth will be directed to contact the county child welfare agency or probation office that currently serves them. If a youth is currently in foster care and expresses that he or she is having difficulty with getting this verification from their county agency, CDSS will assist the youth with reaching someone from the county agency to help.

Youth may contact the Independent Living Program (ILP) Coordinator in their county of jurisdiction to request a verification letter from their county agency. A list of ILP Coordinators within each county child welfare agency is available here: <u>www.fosteryouthhelp.ca.gov/pdfs/ilp.pdf</u>.

Process for Verifying a Former Foster Youth's Time in Care:

When a former foster youth contacts the CDSS and requests written verification of his/her time spent in foster care, the CDSS staff person will conduct a review of the youth's case on the Child Welfare Services/Case Management System (CWS/CMS). Upon review, if the statewide database indicates that the caller is a former foster youth, CDSS will provide a verification letter. If information on the statewide database is unclear and CDSS is unable to verify the requester's time in foster care or any other necessary information, the youth will be provided with contact information for a person within their county agency who can assist them with the request.

Former foster youth may request a verification letter from CDSS by calling the Foster Care Ombudsman's office, toll free at 1-877-846-1602, or by calling the Foster Care Support Services Bureau, at (916) 651-7465. Should a former foster youth call a different bureau or branch within CDSS, the caller will be routed to the appropriate staff person who can assist them with their request. Initial requests need to be received by telephone so that the CDSS staff person may verify the youth's identity, ask any clarifying questions to find the youth's case on the CWS/CMS system, and if necessary, to help resolve any issues the youth may have experienced in reaching their county agency of jurisdiction. Completed verification letters will be provided to the youth by fax, email, U.S. mail or in person, depending on the youth's preference.

The CDSS will make an effort to process all requests for a verification letter in a timely manner. The letter will be completed by CDSS as soon as possible with a goal of no more than 5 business days after the request is made.

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Verification Letter Template

Consistent with Welfare and Institutions Code section 391, subdivision (e)(2)(E), the verification letter will contain the following information: the former foster youth's name and date of birth, the dates during which the former foster youth entered and exited foster care, and a statement that the former foster youth was a foster youth in compliance with state and federal financial aid documentation requirements. If the youth experienced multiple episodes of time in foster care, only the most recent episode will be shared on the verification letter. Attached to this notice is the template that CDSS will complete and provide to the former foster youth who request verification.

If you have any questions about this All County Information Notice, please contact the Foster Care Support Services Bureau, at (916) 651-7465.

Sincerely,

Original Document Signed By:

LORI FULLER, Acting Chief Child and Youth Permanency Branch Children and Family Services Division

Attachment



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Foster Care Verification

RE:

Name of Former Foster Youth

DOB:

MM/DD/YYYY

Dates the individual entered and exited foster care:

MM/DD/YYYY to MM/DD/YYYY ¹

A review of the statewide database indicates that the above referenced individual was in foster care until MM/DD/YYYY, when the individual was XX years old.

Signature

Date

Print Name

For additional resources or information about services for former foster youth, please contact the California Foster Care Ombudsman's Office at 1-877-846-1602 or <u>fosteryouthhelp@dss.ca.gov</u>, or the child welfare department in County Name County, at (XXX) XXX-XXXX.

This letter serves as verification that the above referenced individual was in foster care for the time period identified above and, assuming all other eligibility criteria are met, may qualify for programs, services or benefits for which eligibility is based, in whole or in part, on being in foster care. Such programs, benefits or services include, but are not limited to:

- Independent status on the Free Application for Federal Student Aid (FAFSA).
- Cooperating Agencies Foster Youth Educational Support (CAFYES) Program (if all other eligibility criteria are met)
- Extended Medi-Cal to age 26
- Priority registration at a California post-secondary institution.
- Priority on-campus housing as described in Sections 76010, 90001.5 and 92660 of the California Education code.
- Preference for internships and student assistant positions within State agencies as specified in California Government code section 18220.

¹ If the individual experienced multiple episodes in foster care, the dates listed refer to the most recent episode.