

FINANCIAL AID FORM
VERIFICATION OF COURT/STATE WARD STATUS
Michigan Department of Health and Human Services

Name:

Date of Birth:

Social Security Number:

Court Number:

County of Jurisdiction:

_____ was a ward of the court/state after their 13th
(Youth's Name)

birthday and:

continues to be a ward of the court/state with an open foster care case*.

continues to be a ward of the Tribal court with an open foster care case*.

foster care case closed on _____.

_____ meets the requirements as an independent student.**
(Youth's Name)

For further information, please contact the Foster Care Case Manager

_____ at _____
(Name) (Phone Number)

Foster Care Case manager, Date

*Foster care cases include placements in foster family homes, relative's homes, group homes, emergency shelters, residential facilities, child care institutions and pre-adoptive placements.

**Requirement for meeting independent student status is that youth was a ward of the court (in foster care) at any time after their 13 birthday.

Has the youth applied for the Education and Training Voucher? Visit the ETV website at: mietv.lssm.org

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