

**Independent Living Program Activity Card**

**Category: IMPORTANT DOCUMENTS**

**Activity: Get a Dependency Verification (If Under 18) or Ward of the Court (Non-Minor Dependent) Letter**

**Description:** **The objective of this assignment is to:** Help you get your Dependency Letter/Ward of the Court Letter. If you are a under 18 the form will be called a Dependency Verification Letter. If you are a Non-Minor Dependent, you would receive a Ward of the Court Letter.

**How do I get credit for this assignment?**

- To request this letter contact your social worker/probation officer or the Officer of the Day in Transitional Planning Services Program at (714) 704-8000.
- Email a copy of your Dependency Verification or Ward of the Court Letter along with this cover sheet to: ILP Admin at [ilpadmin@orangewoodfoundation.org](mailto:ilpadmin@orangewoodfoundation.org)

**You may earn up to \$5.00 ILP dollars for turning in a copy of your Dependency Letter of Verification or Ward of the Court Letter.**

Total Dollars Earned:

<p><b>\$</b></p> <p>(ILP Use Only)</p>
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Notes:

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Date: \_\_\_\_\_

_____ Youth Signature	_____ Date of Birth
_____ Print Name (Youth)	_____ Group Home (If Applicable)

<p><b>Receipt</b></p> <p>(ILP Use Only)</p>
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Independent Living Program  
Take Home Activity

**SAMPLE Dependency Verification Letter**



**SOCIAL SERVICES AGENCY**  
**Children and Family Services**  
**800 N. Eckhoff, P.O. Box 14141**  
**Orange, CA 92863-1500**  
**(714) 704-8000**

**MICHAEL F.RYAN**  
DIRECTOR

**CAROL WISEMAN**  
CHIEF DEPUTY DIRECTOR

**ANNE BLOXOM**  
DIVISION DIRECTOR  
CHILDREN & FAMILY  
SERVICES

June 23, 2021

\_\_\_\_\_  
(Youth's Name)

\_\_\_\_\_  
(Youth's Street Address)

\_\_\_\_\_  
(Youth's City, State, Zip Code)

Re: \_\_\_\_\_  
(Youth's Name)

DOB: \_\_\_\_\_  
(Youth's Date of Birth)

Prior State #: \_\_\_\_\_  
(Youth's Prior State/Medi-Cal #)

This letter is to confirm that you were a Dependent Child of the Orange County Juvenile Court and placed in foster care from \_\_\_\_\_ through \_\_\_\_\_. Your prior foster home, group home or kinship care placement(s) were funded by Aid to Families with Dependent Children-Foster Care funding.

Your prior status as a foster child qualifies you for some or all of the following benefits:

- Certain educational and vocational grants and loans
- Community College tuition waiver
- Extension of your Medi-Cal coverage until age 21
- Financial assistance for emancipation-related living expenses
- Job and training-related expenses

You may contact the Orangewood Foundation toll free at (714) 619-0200 if you have any questions about your eligibility to benefits or have need of assistance.

If you have further questions please feel free to contact the Transitional Planning Services Program of the Orange County Social Services Agency at (714) 704-8000.

Sincerely,

Orange County Social Services Agency  
Emancipation Services Program