



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

CHILDREN'S ADMINISTRATION

Office Mailing Address City State Zip Code

Date

Name and Mailing Address

Dear First Name:

Thank you for requesting to participate in the Extended Foster Care (EFC) program on . Your request to participate in the EFC program was denied on based on the following reason(s):

- You were not in a dependency on your 18th birthday.
- You were not placed in foster care on your 18th birthday.
- You are not active in one of the required participation categories:
 - Enrolled in high school or a General Equivalency Certificate program.
 - Enrolled, applied, or can show intent to timely enroll in college or a vocational education program.
 - Participating in a program or activity designed to promote employment or remove barriers to employment, including part-time employment.
 - Employed 80 hours or more a month.
 - Unable to engage in any of the above activities due to a documented medical condition.
- You requested to enroll in EFC for the first time after you turned 19 years old.
- You requested to reenroll in EFC, but you previously enrolled in the program under a Voluntary Placement Agreement.
- You are age 21 or older.

If you believe we have denied your request in error, you must file with your local Superior Court a Notice of Intent to File a Petition for Dependency within 30 days and ask to establish a non-minor dependency action. You may also request that an attorney be appointed to represent you in regard to the dependency petition.

Sincerely,

Social Worker's Name, Title
Children's Administration
555-555-5555

cc: Case File