



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 do not meet one of the eligibility requirements:

- In an eligible placement on your 18th birthday.
- 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.
- Requested Extended Foster Care services after the dependency has been dismissed and are 19 years old or older.
- Requested Extended Foster Care services after the dependency has been dismissed and previously signed an Extended Foster Care Services Voluntary Placement Agreement.

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