



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 18<sup>th</sup> 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 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