



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

BRANDON T. NICHOLS
Acting Director

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Third District
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Fifth District



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

PROOF OF DEPENDENCY

This document serves as official proof of Los Angeles County dependency status. Its intended use is to enable current and former foster youth to apply for sources of financial support including emancipation stipends, Supportive Transitional Emancipation Program (STEP), Transitional Housing Programs, Extended Foster Care, educational scholarships and grants, and health care. Reference: CDSS MPP Sec. 31-236(I)(4)(F), ACL 05-32, WIC 391(a)(2)(B)(v) and 391(e)(2)(E) of 2011 for Nonminor Dependents.

[X] This youth was a foster youth in compliance with State and Federal financial aid documentation requirements.

Youth's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address:
(when this letter was issued)
\_\_\_\_\_
\_\_\_\_\_

ILP Contact Number: \_\_\_\_\_

State Identification Number:
(Aid payment number used to identify a youth in out-of-home care)
\_\_\_\_\_

Dependency Start Date: \_\_\_\_\_

Dependency End Date: \_\_\_\_\_

This information has been provided by:

\_\_\_\_\_  
Name of Children's Social Worker

\_\_\_\_\_  
Phone Number