CALIFORNIA STATE
UNIVERSITY CHICO
FOSTER YOUTH PROGRAMS

DECLARATION OF FOSTER YOUTH, ORPHAN, OR WARD OF THE COURT

400 West First Street, Chico, CA 95929-0710
Phone: (530)898-6831 Fax: (530)898-4567
Email: fosteryouth@csuchico.edu

Questions: Contact Marina Fox (530)898-6831

CSU, Chico grants eligible foster/former foster youth, orphans, and wards of the court priority admission consideration. In addition, pursuant to Assembly Bill 194, qualifying foster youth students may be eligible for priority registration for classes both prior to and after enrolling at Chico. The information requested below is necessary to determine your eligibility. CSU, Chico is always careful to adhere to privacy laws and guard the confidentiality of a student's personal information.

_____ _____/_____/_____ _____
Full Name Date of Birth Chico State ID

_____ _____
Mailing Address Contact Number

Prior to age 18, I was (*check all that apply*): ☐ Foster Youth ☐ Ward of the Court ☐ Unaccompanied Homeless ☐ Orphan ☐ None of these

If you selected Foster Youth or Unaccompanied Homeless, were you still involved with the foster care system or in an unaccompanied homeless situation the day prior to your 18th birthday? ☐ Yes ☐ No

Case County of Origin: _____

_____ _____ _____
Social Worker's Name County Contact Number

_____ _____
Independent Living Program (ILP) Transition Coordinator's Name Contact Number

Applying to the EOP program? ☐ Yes ☐ No

Chico Student Support Services application submitted? ☐ Yes ☐ No

Please hand-deliver, fax, or email a copy of <u>one</u> of the following along with this form:

- ☐ Dependency/Wardship Card
- ☐ Dependency/Wardship letter from the county office verifying current foster youth status or emancipation from the foster care system at age 18
- ☐ Guardianship paperwork documenting you were appointed a legal guardian through the court system with Child Welfare involvement
- ☐ Community College foster youth documentation with Chaffee or Foster Youth coordinator signature
- ☐ ILP Eligibility Form/Chafee Eligibility Form
- ☐ CSU, Chico Verification of Dependency Appeal approval
- ☐ Statement describing your unaccompanied homeless situation and documentation from the officials confirming your status from a McKinney-Vento Act school district liaison or a director of an emergency shelter program or a director of a run-away or homeless youth center

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

☐ FOST ☐ ORP ☐ WOC ☐ FYV ☐ UHY ☐ DENIED Employee Initials/Date: _____