



Date:

To Whom It May Concern,

This letter serves as the official documentation provided by the State of Connecticut, Department of Children and Families, that a person was in foster care as a child or youth and may be used for determining eligibility for services and supports available to former foster children.

Please be advised that

<i>Child LAST Name:</i>	<i>Child FIRST Name:</i>	<i>DOB:</i>
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Was in foster care from:

<i>Enter Date:</i>	to	<i>Enter Date:</i>
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with the Connecticut Department of Children and Families

as a minor child. As of

<i>Enter Date:</i>

the above named child/youth was discharged from DCF care.

If you have any questions or need further assistance, please call:

<i>LAST Name of Social Worker completing this form:</i>	<i>FIRST Name of Social Worker completing this form:</i>	<i>SW Phone Number:</i>
<i>Social Worker E-mail:</i>		<i>Social Worker Signature:</i>

Thank you.