



BOBBY D. CAGLE
Director

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**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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Date: XXXX

This letter serves as verification of eligibility of current or past foster care involvement. This youth qualifies for foster care priority for workforce development programs.

Name of Youth			
Date of Birth			
Address of Youth			
Status of DCFS Case		ILP Eligible?	
Children's Social Worker			

The following youth is a:

_____ Current foster youth under age 21

_____ Former foster youth under age 24

_____ Probation youth in DCFS-funded placement under age 21

_____ Current or former probation youth under age 24

Any questions may be directed to me at:

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Youth Development Services Division
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