



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Children and Families
 600 Washington Street, 6th Floor
 Boston, MA 02111

CHARLES D. BAKER
 Governor

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MARYLOU SUDDERS
 Secretary

KARYN E. POLITO
 Lieutenant Governor

LINDA S. SPEARS
 Commissioner

2016-2017 Foster Child Grant Program Conditions of Agreement

I, _____, hereby certify that I am enrolled in a post secondary educational program. The full name
 (Name)
 of the school I am attending is _____ and the address of the school is
 (Name of School)
 _____. My start date this academic year is month ____ year ____.
 (Address of School)

Students agree to the following statements in order to meet eligibility requirements:

- I am a full time student and under age 25 years old.
- I have filed a 2016-2017 FAFSA- Free Application for Federal Student Aid. (The FAFSA website is www.fafsa.ed.gov)
- I am currently a permanent resident of the Commonwealth of Massachusetts. The FAFSA that I filed reflects a Massachusetts address.
- I have verified with DCF that I was in the custody of DCF through a Care and Protection Petition until my 18th birthday. (Youth who turned 18 in the custody of DCF may or may not have remained in DCF placement past their 18th birthday.)
- I agree to participate in educational support services offered to me by the Department of Children and Families.
- I am aware that for the purposes of awarding this grant, DCF will exchange the information I have provided on this form with the Massachusetts Office of Student Financial Assistance and the above named school where I am enrolled.

 Signature of Student Printed Name Date

Address _____ City _____ State MA Zip _____

Phone Number _____ Social Security Number _____ Date of Birth _____

Valid E-mail Address _____ (Required)

Social Worker _____ DCF Area Office _____ Open Case _____ Closed Case _____

Filing deadline for academic year 2016-2017 is July 1, 2016
 Students must fax this completed form to 617-748-2156 OR mail it to:
 Massachusetts Department of Children and Families
 Adolescent Services Unit
 Kristen Quinlan
 600 Washington Street
 Boston, MA 02111