



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

Tel.: 617-748-2000 Fax: 617-261-7435
 www.mass.gov/dcf

MARYLOU SUDDERS
 Secretary

KARYN E. POLITO
 Lieutenant Governor

LINDA S. SPEARS
 Commissioner

2020-2021 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 2020-2021 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
 Social Security Number _____ Date of Birth _____ Phone Number _____
 Address _____ City _____ State MA Zip _____
 Valid E-mail Address _____ (Required)
 Social Worker _____ DCF Area Office _____ Open Case _____ Closed Case _____
 Have you applied for Foster Child Grant before? Yes _____ No _____

Filing deadline for academic year 2020-2021 is July 15, 2020
 Students can return completed form by email or mail to:
Massachusetts Department of Children and Families
Adolescent Services Unit
600 Washington Street, 6th floor
Boston, MA 02111
 Attn: Adolescent and Young Adult Services
 Richard.Doria@massmail.state.ma.us

