

# Orphan, Foster Care or Ward of the Court Form Verification of Independent Status 2023-2024



On your 2023-2024 financial aid application, you indicated that at any time since you turned age 13, both of your parents were deceased, you were in foster care, or you were a dependent or ward of the court.

**Please read everything carefully to determine which question you should answer.** If you have any questions on how to complete this form or what you need to submit, contact Merissa Halvorson at 701-662-1516.

**1. Are both of your parents deceased?**  No  Yes

*If you checked "no", go directly to question 2.*

*If you checked "yes", please complete the information below and provide the required documentation:*

Name of Father \_\_\_\_\_ Date of Death (month/year) \_\_\_\_\_

Name of Mother \_\_\_\_\_ Date of Death month/year) \_\_\_\_\_

**Documentation Required:** A copy of the death certificate for both of your parents.

*If you answered "yes" to question 1, you do not need to complete the remainder of this form. Please sign this form and submit it, along with copies of death certificates, to the address at the bottom on the back of this form.*

**2. Answer this question only if you answered "no" to question 1.**

**Foster care is defined as a child without parental support and protection that has been placed with a person or family to be cared for, usually by local welfare services or by court order. At any time since you turned 13, were you in foster care?**  No  Yes

*If you checked "no", go directly to question 3.*

*If you checked "yes", please answer the questions below and provide the required documentation:*

How old were you when you were placed into foster care? \_\_\_\_\_

Please list the dates you were in foster care (month/year) From \_\_\_\_\_ To \_\_\_\_\_

**Documentation Required:** Document from court or social service agency indicating that you were placed in foster care. *If you answered "yes" to question 2, you do not need to complete the remainder of this form. Please sign this form and submit it, along with the requested documentation, to the address at the bottom on the back of this form.*

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**3. Answer this question only if you answered "no" to questions 1 and 2.**

Dependent or Ward of the Court/State is defined as the status of a child who is removed from the care, custody and control of parents and placed under care, custody and control of Juvenile Services. For federal student aid purposes, someone who is incarcerated is not considered a ward of the court. At any time since you turned 13, were you a dependent or ward of the court/state as defined above?  No  Yes

***If you checked “no”, your FAFSA will need to be corrected at [www.fafsa.gov](http://www.fafsa.gov), under the Dependency Status Tab, and you will be considered a dependent student. This will require you to provide parental information, including financial, household size and number in college.***

If you checked “yes”, answer the following and provide the required documentation:

- a. How old were you when you were a ward of the court/state? \_\_\_\_\_
- b. List the dates you were a ward of the court/state (month/year) From \_\_\_\_\_ To \_\_\_\_\_

**Documentation Required:** Copy of the court document that specifically indicates you were placed under the care, custody and control of the court/state. It must include the reason for your placement, and the name of the facility.

None of the questions above pertain to me.

***Your FAFSA will need to be corrected at [www.fafsa.gov](http://www.fafsa.gov), under the Dependency Status Tab, and you will be considered a dependent student. This will require you to provide parental information, including financial, household size and number in college.***

## CERTIFICATION & SIGNATURE

**Please sign this form and return it to the address at the bottom of this page and provide the required documentation.**

To ensure timely processing of your aid, we suggest that you submit this form to the address below **within 2 weeks**. Your federal financial aid will be on hold until the Verification process is complete. Upon review of this form and the required documentation, including **ALL** Verification documents, we will update the status of your financial aid.

The information provided is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and or reduction or immediate repayment of aid.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Forms can be submitted to:

- Mailing address: Lake Region State College ▪ Financial Aid Office
  - 1801 College Drive N ▪ Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 ▪ E-mail for questions: [merissa.halvorson@lrsc.edu](mailto:merissa.halvorson@lrsc.edu)
  - Fax: 701-662-1666