



PATRICIA S. PLOEHN, LCSW
Director

County of Los Angeles DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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Date:

To whom it may concern:

This letter is to verify that (**youth name**) age () DOB (), is a pre-emancipated / emancipated foster youth with the Department of Children and Family Services, residing at _____ phone number () _____.

If you have any questions, please contact me at ()

Sincerely,

Transition Coordinator