



## Displaced Student Applicant DCS Verification Form

For purposes of the Displaced Scholarship Program, I permit the Arizona Department of Children's Services (DCS) to provide information regarding the eligibility status for \_\_\_\_\_ (student's name) to the Arizona's Catholic Tuition Support Organization (CTSO).

### Please Print

Name of Child

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Previous Names (s) \_\_\_\_\_

DOB (mm/dd/yyyy) \_\_\_\_\_ M/F \_\_\_\_\_ SSN: \_\_\_\_\_

and any previous SSN: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ AZ Zip: \_\_\_\_\_

Phone \_\_\_\_\_

X \_\_\_\_\_

Parent/Legal Guardian Signature

Date

### Verification (to be completed by DCS ONLY)

- Student QUALIFIES for the Displaced Scholarship program in accordance with A.R.S.43-1505
- Student DOES NOT QUALIFY for the Displaced Scholarship program in accordance with A.R.S.43-1505
- There is no indication that the child was in foster care in Arizona pursuant to A.R.S. Title 4, Chapter 5. A.R.S.43-1505
- Other (explain): \_\_\_\_\_

DCS Verification Signature: \_\_\_\_\_

Return completed form to:

Viviana Ortiz, Email: [jgonzalez@diocesetucson.org](mailto:jgonzalez@diocesetucson.org)