



**Memorial University of Newfoundland  
Youth Foster Support Program Bursary**

**Please forward this form to the Department of Children Seniors and Social Development (CSSD) as only they provide confirmation of your wardship/custody.**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_

Student Email address: \_\_\_\_\_

***Re: Request for information from CSSD under Children, Youth and Families Act***

Dear \_\_\_\_\_,

In reference to your request to provide proof that you were in the custody of CSSD as a child and requested proof of the timeframe associated with Children, Seniors and Social Development (CSSD) custody, I provide the following:

In the custody of CSSD: Yes            No

In a kinship arrangement: Yes        No

Start and end dates in care: \_\_\_\_\_

If you have any questions or concerns regarding this matter, please contact the undersigned at

(709)\_\_\_\_\_.

Yours truly,

Referee Name: \_\_\_\_\_

Referee Signature: \_\_\_\_\_

Referee Title: \_\_\_\_\_