



**2018 – 2019**  
**DOVR- Dependency Status Review**

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**PURPOSE OF THIS FORM:** To request a review of your dependency status to determine if you meet the eligibility criteria to be considered as “Independent” on your FAFSA and for financial aid purposes. The Dependency Status Review is reserved for students with **extenuating or unique circumstances** (i.e. parental abandonment, abusive family environment, parental substance abuse, etc.).

The Dependency Status Review is **not intended** for students who are self-sufficient and/or whose parent(s) do not financially contribute to a student’s education.

\_\_\_\_\_   
 Print Student’s Name

\_\_\_\_\_   
 Student’s ID Number

**INSTRUCTIONS FOR THE STUDENT**

**Provide information for each of the three sections listed below. Attach additional statements and relevant documentation as required to this form.** If you do not provide clear or sufficient information, you may be contacted for additional information or your Dependency Status Review may be denied.

If your Dependency Status Review is denied, you will be considered a dependent student on your FAFSA and for financial aid purposes. You are required to submit your parent’s information and signature on your FAFSA.

If your Review of Dependency Status is approved, the Financial Aid Office will make corrections to your FAFSA to override your dependency status so that you are considered an independent student on your FAFSA and for financial aid purposes. Please be aware that, for each new academic year, you are required to submit a Dependency Review Update, which will re-evaluate your dependency status for the corresponding financial aid year.

**SUPPORT IS AVAILABLE**

The Financial Aid Office understands that completing the Dependency Status Review can be a challenging process for some students. If you feel that you would like to talk to someone, you can contact the Counseling and Advising Office at (707) 476-4150 or [counseling@redwoods.edu](mailto:counseling@redwoods.edu).

Additionally, CR’s Peer Support Group is offered every Tuesday at 3:30pm – 4:30pm, in SS 104, when class is in session. Contact Shemya Vaughn for more information or to RSVP at [shemya-vaughn@redwoods.edu](mailto:shemya-vaughn@redwoods.edu).

Your Address \_\_\_\_\_

Street Address, City, State, Zip Code

Mother’s Address \_\_\_\_\_

Street Address, City, State, Zip Code

Father’s Address \_\_\_\_\_

Street Address, City, State, Zip Code

When was the last time...

You lived with either of your parents? Mother \_\_\_\_\_ Father \_\_\_\_\_

You received financial support from either of your parents? Mother \_\_\_\_\_ Father \_\_\_\_\_

You had contact with either of your parents? Mother \_\_\_\_\_ Father \_\_\_\_\_



**SECTION #1: TO BE COMPLETED BY THE STUDENT**

*Student's Name/ID:* \_\_\_\_\_

Describe the extenuating or unique circumstance that caused you to request a Review of Dependency Status. When did this occur (i.e. year)?

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Describe your living arrangements over the past year. How have your needs been met (i.e. housing, food, monetarily, etc.)?

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Why are your parents unable to provide the financial information requested on the Free Application for Federal Student Aid (FAFSA)?

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How have you financially supported yourself over the past two years? *\*Attach your Income Tax Return, W2s, etc.*

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Section #2 is completed by \_\_\_\_\_  
Name of relative or close family friend

Section #3 is completed by \_\_\_\_\_  
Name of professional who is aware of the extenuating or unique circumstances

***Be signing below I certify that I have completed all of the information in Section #1 and have attached the information for Section #2 and Section #3 along with any relevant supporting documentation.***

***I certify that all of the information provided on this form is accurate and true to the best of my knowledge.***

\_\_\_\_\_  
***Student's Signature***

\_\_\_\_\_  
***Date***



Student's Name/ID: \_\_\_\_\_

**SECTION #2: TO BE COMPLETED BY THE STUDENT'S RELATIVE OR CLOSE FAMILY FRIEND**

- Provide a brief statement regarding your knowledge of the student's family history and relationship with parents, including dates wherever possible. Include how long you have known the student and the nature of your relationship to the student.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Why do you believe the student is unable to provide parent information for financial aid purposes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- When was the last time...

The student lived with either parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

The student received financial support from either parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

The student had contact with either parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_\_  
Friend/Relative's Printed Name

\_\_\_\_\_  
Friend/Relative's Address

\_\_\_\_\_  
Friend/Relative's Signature

\_\_\_\_\_  
Date



Student's Name/ID: \_\_\_\_\_

**SECTION #3: TO BE COMPLETED BY A PROFESSIONAL WHO HAS WORKED WITH THE STUDENT AND/OR WITH THE STUDENT'S FAMILY**

- Provide a brief statement regarding your knowledge of the student's family history and relationship with parents, including dates wherever possible. Include how long you have known the student and the nature of your relationship to the student.

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- Why do you believe the student is unable to provide parent information for financial aid purposes?

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- Attach a business card, a statement on letterhead, etc. confirming your professional capacity as it relates to the student.

- When was the last time...

The student lived with either parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

The student received financial support from either parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

The student had contact with either parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

\_\_\_\_\_  
 Professional's Printed Name

\_\_\_\_\_  
 Professional's Address

\_\_\_\_\_  
 Professional's Signature

\_\_\_\_\_  
 Date