**Advance Notice of Termination of Adoption Assistance**

**Use of form:** This form is voluntary and is used to collect high school information for the purpose of determining continued eligibility for Adoption Assistance after a child turns 18 years of age. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes].

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| **TO DETERMINE IF YOUR CHILD IS ELIGIBLE TO RECEIVE ADOPTION ASSISTANCE BENEFITS AFTER TURNING 18,**  |
| **COMPLETE AND RETURN THIS FORM BY** |       | (MM/DD/YYYY)**.** |
|  | **Today’s Date:** |       |  (MM/DD/YYYY) |
|  |  |  |
|  | **Child Information:** |
|       | Name: |       |  |
|       | Birthdate: |       |  (MM/DD/YYYY) |
|       | 18th Birthday: |       |  (MM/DD/YYYY) |
|       | Case ID Number: |       |  |
| Name of high school your child attends: |       |  |
| Month / year of expected high school graduation: |       | (MM/YYYY) |
| [ ]  Yes | [ ]  No | Will your child be enrolled in a full-time high school / GED program after their 18th birthday? |
| [ ]  Yes | [ ]  No | Will you be financially supporting your child after their 18th birthday? |
| [ ]  Yes | [ ]  No | Is your child married? | Date of marriage: |       | (MM/DD/YYYY) |
| [ ]  Yes | [ ]  No | Has your child entered the military? | Date of military enlistment: |       | (MM/DD/YYYY) |
| **REQUIREMENTS FOR A CHILD TO QUALIFY FOR ADOPTION ASSISTANCE AFTER AGE 18:**Your child must meet **ALL** the following conditions to be eligible to continue receiving Adoption Assistance benefits (payment and / or Medical Assistance) after their 18th birthday:1. Your child is attending secondary school or its vocational or technical equivalent full-time after turning 18.
2. You are supporting your child financially.
3. Your child is not married.
4. Your child is not in the military.

If **ALL** the above criteria are met, Adoption Assistance eligibility will end the month of your child’s high school graduation or your child’s 19th birthday,whichever comes first. If your Adoption Assistance includes a monthly subsidy, the final subsidy payment will be received that month.If **EITHER** of the first two criteria are **NOT** met, Adoption Assistance eligibility will end the month of your child’s 18th birthday. If your Adoption Assistance includes a monthly subsidy, the final subsidy payment will be received the month of your child’s 18th birthday.If your child is married or has joined the military, Adoption Assistance eligibility, including a subsidy payment if applicable, ends the month of the marriage or enlistment.**For Wisconsin residents**, Medical Assistance will continue for an additional three-month period after Adoption Assistance eligibility ends (whether that is the 18th birthday, 19th birthday, graduation date, or the month of marriage or enlistment).**You will receive a notice of the decision on your child’s eligibility for Adoption Assistance within 30 days from the date you return this form. If you do not receive a notice within 30 days, call the toll-free Adoption Assistance line: 1 (866) 666-5532.** |
| I attest that the information given above is true and complete to the best of my knowledge. |
|  |  |       |  |       |
| **SIGNATURE** – Parent |  | Date Signed (MM/DD/YYYY) |  | Daytime Telephone Number |
| **MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.** Return this form to: |
| Mail: | Adoption Assistance AccountantDCF / DSP / BPOHCP.O. Box 8916Madison, WI 53708-8916 | Fax: | (608) 422-7170 |
| Email: | DCFAdoptionAssistance@wisconsin.gov |