**DEPARTMENT OF CHILDREN AND FAMILIES**

**Division of Safety and Permanence**

**Notice of Termination**

**Use of form:** This form is used to notify a child or their guardians of the termination of a Voluntary Transition–to-Independent Living Agreement. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address Below: | Today’s Date: |       |  |
|  |
|  | Child Information |
|       | Name: |       |
|       | Birthdate: |       |  |
|  | 18th Birthdate: |       |  |
|  | Case ID Number: |       |  |

This notice is to inform you that the Voluntary Transition-to-Independent Living Agreement has been terminated effective       due to one or more of the following reason(s):

[ ]  The terms of the agreement have been reached.

[ ]  The child has graduated.

[ ]  The child or guardian has requested a termination of the Voluntary-Transition-to-Independent-Living Agreement.

[ ]  The child has attained the age of 21 years.

[ ]  The child is no longer a full-time student at a secondary school or its technical or vocational equivalent.

[ ]  The child no longer has an individualized education plan under s. 115.787 Wis. Stats.

[ ]  The child was absent without permission or missing from out-of-home care placement for more than two weeks.

[ ]  The child has entered military service.

You or your guardian may appeal the decision to terminate the agreement within 10 days of the notice to terminate the Voluntary-Transition-to-Independent-Living agreement in accordance with rules and procedures of the state’s fair hearing and appeal process.

A request for a Hearing shall be in writing addressed to the agency director at:

If a request for an appeal of a decision to terminate is made within 10 days of the date of the notice, then the agency must continue the placement until a decision is rendered for the appeal.