**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Advance Notice of Termination of Kinship Care at Age 18**

**Use of form:** This form is mandatory and is used to collect education information for the purpose of determining continued eligibility for Kinship Care after a child turns 18 years of age, as required under Ch. DCF 58.10(4)(b)1., Admin. Code. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose.

**IN ORDER TO DETERMINE IF YOUR CHILD IS ELIGIBLE FOR KINSHIP CARE AFTER AGE 18, COMPLETE AND**

|  |  |  |
| --- | --- | --- |
| **RETURN THIS FORM BY DUE DATE:** |  | (mm/dd/yyyy) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provide Kinship Care Provider’s Names and Address Below: | | | | | | | | | Today’s Date: | | | | |  | | | | (mm/dd/yyyy) | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **CHILD INFORMATION** | | | | | | | | | | | |
|  | | | | | | | | | Name: | |  | | | | | | | | | |
|  | | | | | | | | | Birthdate: | | |  | | | | | | (mm/dd/yyyy) | | |
|  | | | | | | | | | 18th Birthdate: | | | | | |  | | | (mm/dd/yyyy) | | |
|  | | | | | | | | | Case ID Number: | | | | | | |  | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| Name of high school your child attends: | | |  | | | | | | | | | | | | | | | | | |
| Date of expected graduation from high school: | | | |  | | | (mm/yyyy) | | | | | | | | | | | | | |
| **Yes** | **No** |  | | | | | | | | | | | | | | | | | | |
|  |  | Will the child for whom you receive Kinship Care be in secondary school, an alternative education program, or a GED program full-time after age 18? | | | | | | | | | | | | | | | | | | |
|  |  | Will you be supporting your child for whom you receive Kinship Care after age 18/having them live with you? | | | | | | | | | | | | | | | | | | |
|  |  | Is the child for whom you receive Kinship Care in good academic standing per their school or education program? | | | | | | | | | | | | | | | | | | |
|  |  | Has the child for whom you receive Kinship Care entered the military? | | | | | | Date of military enlistment: | | | | | | | | |  | | (mm/dd/yyyy) | |
|  | | | | | | | | | | | | | | | | | | | | |
| **WHAT ARE THE REQUIREMENTS FOR A CHILD TO QUALIFY FOR KINSHIP CARE AFTER AGE 18?** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Your child must meet **ALL** of the following conditions to be eligible for Kinship Care (payment and Medical Assistance) after age 18 (and must continue to meet the Kinship Care eligibility requirements of ch. DCF 58, Admin. Code: | | | | | | | | | | | | | | | | | | | | |
| 1. Your Kinship Care child is attending secondary school, an alternative education program, or a GED program full-time after age 18. | | | | | | | | | | | | | | | | | | | | |
| 2. You are supporting your Kinship Care child/having them live with you. | | | | | | | | | | | | | | | | | | | | |
| 3. Your Kinship Care child is in good academic standing in their school or education program. | | | | | | | | | | | | | | | | | | | | |
| 4. Your child is not in the military. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Kinship Care benefits will continue until the month of graduation or age 19, whichever comes first. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **REASONS YOUR CHILD MAY NOT BE ELIGIBLE FOR KINSHIP CARE AFTER AGE 18:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Kinship Care benefits will be terminated, if any ONE of the following applies:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. Your child will not be attending secondary school or its vocational or technical equivalent full-time after age 18. | | | | | | | | | | | | | | | | | | | | |
| 2. You are not supporting your child/having them live with you. | | | | | | | | | | | | | | | | | | | | |
| 3. Your child is not in good academic standing in their school or education program. | | | | | | | | | | | | | | | | | | | | |
| 4. Your child has joined the military. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| The information given above is true and complete to the best of my knowledge.  1st Notice  2nd Notice | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | |  | | |  | | | | | | | |
| **SIGNATURE** – Kinship Care Provider | | | | |  | Date Signed | | | |  | | | Telephone Number (Daytime) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Mail or fax this form to:** Agency:  Address  city, state, zip  phone  fax | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |