

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. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

IN ORDER TO DETERMINE IF YOUR CHILD IS ELIGIBLE FOR ADOPTION ASSISTANCE AFTER AGE 18, COMPLETE AND RETURN THIS FORM BY DUE DATE:

Provide Adoptive Parents' Names and Address Below:

Today's Date: _____

Child Information

Name: _____

Birthdate: _____

18th Birthdate: _____

Case ID Number: _____

Mail or fax this form to: Adoption Assistance Accountant, DSP / BPOHC, P.O. Box 8916, Madison, WI 53708.
Fax Number: 608-264-6750 Telephone Number: 866-666-5532

Name of High School Your Child Attends: _____

Month / Year of Expected Graduation From High School: _____ (mm/yyyy):

- Yes No Will your child be in a full-time high school / GED program after age 18?
 Yes No Will you be supporting your child after age 18?
 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)

WHAT ARE THE REQUIREMENTS FOR A CHILD TO QUALIFY FOR ADOPTION ASSISTANCE AFTER AGE 18?

Your child must meet **ALL** of the following conditions to be eligible for Adoption Assistance (payment and / or Medical Assistance) after age 18:

1. Your child is attending high school or a GED program full-time, after age 18.
2. You are supporting your child.
3. Your child is not married.
4. Your child is not in the military.

Adoption Assistance benefits (payment and / or Medical Assistance) will continue until the month of high school graduation or age 19, whichever comes first. **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 this notice within 30 days, call (866) 666-5532 toll free.**

REASONS YOUR CHILD MAY NOT BE ELIGIBLE FOR ADOPTION ASSISTANCE AFTER AGE 18:

Adoption Assistance benefits (payment and / or Medical Assistance) will be terminated, if any **ONE** of the following applies:

- Your child will not attend high school after age 18.
- You are not supporting your child.
- Your child is married.
- Your child has joined the military.

The information given above is true and complete to the best of my knowledge.

SIGNATURE – Parent's _____

Date Signed _____

Telephone Number (daytime) _____

MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.

1st Notice Subsequent Notice Provider ID Number: _____

Benefits: Payment and MA MA Only _____

Advance Notice of Termination of Adoption Assistance
DCF-F-CFS2417-E (R. 01/2011)

Comment [TM1]: This field is pre-filled. This field is not editable on the template. This field pre-fills with a date 2 weeks from 'Today's Date.'

Comment [TM2]: This field is pre-filled. This field is not editable on the template. The field pre-fills with the current date and cannot be changed.

Comment [TM3]: This field is pre-filled. This field is not editable on the template. The Payee field pre-fills the Payee Names from the current open Service page and cannot be changed.

Comment [TM4]: This field is pre-filled. This field is not editable on the template. The data can be corrected as follows: update the name fields on the Basic tab of the Person Management page.

Comment [TM5]: This field is pre-filled. This field is not editable on the template. If provider address information needs to be updated, contact the assigned Out of Home Care worker to update the provider address.

Comment [TM6]: This field is pre-filled. This field is not editable on the template. The data can be corrected as follows: update the Birth Date field on the Basic tab of the Person Management page.

Comment [TM7]: This field is pre-filled. This field is not editable on the template. The field pre-fills with the child's 18th Birthdate. If the date is incorrect, the data can be updated in the Birth Date field on the Basic tab of the Person Management page.

Comment [TM8]: This field is pre-filled. This field is not editable on the template. The data cannot be corrected.

Comment [TM9]: This checkbox is pre-filled. This field is not editable on the template. The 1st Notice checkbox pre-fills as selected if this template is 1st Notice.

Comment [TM10]: This checkbox is pre-filled. This field is not editable on the template. The Subsequent Notice checkbox pre-fills as selected if the same template already exists.

Comment [TM11]: This field is pre-filled. This field is not editable on the template. The data cannot be corrected.

Comment [TM12]: This checkbox is pre-filled. This field is not editable on the template. The Payment and MA checkbox pre-fills as selected if the current open AAFC Service, the Child Specific Rate field has a dollar amount greater than zero.

Comment [TM13]: This checkbox is pre-filled. This field is not editable on the template. The MA Only checkbox pre-fills as selected if the current open AAFC Service, the Child Specific Rate field has a dollar amount equal to zero.

Comment [TM14]: This field is pre-filled. This field is not editable on the template. When the birthdate or graduation date of the child has changed since the previous template is sent, this field will prefill with "REVISED."