

REQUEST FOR CONTINUATION OF ADOPTION ASSISTANCE FOR A CHILD OVER AGE 19

Use of form: This form is voluntary and is used to collect information for the purpose of determining continued eligibility for Adoption Assistance after a child turns 19 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.

Provide Adoptive Parents' Names and Address Below:

Today's Date:

Child Information

Name:

Birthdate:

19th Birthdate:

Case ID Number:

Provider ID Number:

Comment [TM1]: This field is pre-filled. This field is not editable on the template. The field pre-fills with the current date.

Comment [TM2]: This field is pre-filled. This field is not editable on the template. The field pre-fills the Payee Names from the current open Service page.

Comment [TM3]: This field is pre-filled. This field is not editable on the template. The Name field pre-fills with the name of the child in an open Service. If the child's name is misspelled, the data can be updated in the name fields on the Basic tab of the Person Management page.

Comment [TM4]: This field is pre-filled. This field is not editable on the template. If provider address information needs to be updated, contact the assigned provider worker to update the provider address.

Comment [TM5]: 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 [TM6]: This field is pre-filled. This field is not editable on the template. The field pre-fills with the child's 19th birthdate. 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.

Comment [TM8]: This field is pre-filled. This field is not editable on the template. The field pre-fills with the eWISACWIS Provider ID Number of the open AAFC Service. The data cannot be corrected.

TO REQUEST CONTINUATION OF ADOPTION ASSISTANCE AFTER AGE 19, COMPLETE EVERY QUESTION AND RETURN THIS FORM. Mail or fax 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: _____

Date of expected graduation from high school: _____ (mm/yyyy)

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you believe your child has a mental or physical handicap that warrants the continuation of Adoption Assistance? IF "YES", DESCRIBE YOUR CHILD'S HANDICAP ON A SEPARATE SHEET OF PAPER. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is your child eligible for any other benefits; e.g., SSI, SSA, or VA benefits or other unearned income? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Will your child be in a full-time high school / GED program after age 19? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Will you be supporting your child after age 19? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is your child married? If so, provide the date of marriage: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has your child entered the military service? Date of military enlistment: _____ (mm/dd/yyyy) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you have a written notice of denial of SSI, based on disability, for your child, after age 19? If "No" do not submit this form. |

YOU MUST SEND A COPY OF THE NOTICE OF DENIAL OF SSI DISABILITY AND A DESCRIPTION OF YOUR CHILD'S HANDICAP WITH THIS FORM.

To obtain a formal decision on eligibility for SSI Disability, your child must apply for Supplemental Security Income (SSI) based on disability, with the Social Security Administration. It may take several weeks to receive a formal decision from the Social Security Administration. A written notice of denial of SSI, based on disability, is required for continuation of Adoption Assistance.

WHAT ARE THE REQUIREMENTS FOR A CHILD TO QUALIFY FOR ADOPTION ASSISTANCE AFTER AGE 19?

To qualify for Adoption Assistance (payment and / or Medical Assistance) after age 19, your child must meet ALL of the following seven (7) requirements:

1. You are supporting your child
2. Your child will attend high school full-time after age 19
3. Your child has a mental or physical handicap
4. Your child is not eligible for any other benefits
5. Your child applied for and was denied SSI disability benefits, based on disability
6. Your child is not married
7. Your child has not joined the military

ADOPTION ASSISTANCE BENEFITS WILL END THE MONTH OF YOUR CHILD'S 19TH BIRTHDAY, IF ALL 7 REQUIREMENTS ARE NOT MET.

YOU WILL RECEIVE A NOTICE OF DECISION ON YOUR CHILD'S ELIGIBILITY WITHIN 30 DAYS FROM THE DATE YOU SUBMITTED ALL MATERIALS REQUESTED.

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.

Benefits: Payment and MA MA Only

Request for Continuation of Adoption Assistance for a Child Over Age 19
DCF-F-CFS2419-E (R. 05/2010)

Comment [TM9]: 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 Sservice, the Child Specific Rate field has a dollar amount greater than zero.

Comment [TM10]: 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 [TM11]: 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."