

NOTICE OF DECISION ON SUBSIDIZED GUARDIANSHIP ELIGIBILITY STATUS

Use of form: This form is used to notify guardians of their child's eligibility for Subsidized Guardianship 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.

Provide Guardian's Names and Address Below:

Today's Date: _____

Child Information

Name : _____

Birthdate: _____

18th Birthdate: _____

Case ID Number: _____



BASED ON THE INFORMATION YOU PROVIDED, YOUR CHILD'S ELIGIBILITY FOR CONTINUED SUBSIDIZED GUARDIANSHIP IS INDICATED BELOW:



- I. Subsidized Guardianship (payment and Medical Assistance) will end the month of your child's 18th birthday. Your last payment will be in _____. Your child graduated from high school in _____.
- II. Subsidized Guardianship (payment and Medical Assistance) will end _____, the month of your child's graduation from high school. Your last payment will be in _____.
- III. Subsidized Guardianship (payment and Medical Assistance) will end the month of your child's 19th birthday. Your last payment will be in _____.



APPEALS PROCESS

If you disagree with this determination, you request a hearing in writing or in person, within 45 days of _____ date of this notice. A written request should be sent to: Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707. Appeals may be delivered in person to that office at 5005 University Avenue, Room 201, Madison, WI. You should include a short statement about the matter you are appealing and the reason for your appeal.



IF YOUR CHILD'S GRADUATION DATE CHANGES, IT IS YOUR RESPONSIBILITY TO NOTIFY THE DIVISION IMMEDIATELY. TO REPORT THE NEW GRADUATION DATE, SEND A LETTER BY MAIL OR FAX TO:

Subsidized Guardianship Accountant
DCFS / BPP
P.O. Box 8916
Madison, WI 53708
Fax Number: (608) 264-6750
Telephone Number: (866) 666-5532