

# ADVANCE NOTICE OF TERMINATION OF SUBSIDIZED GUARDIANSHIP

**Use of form:** This form is voluntary and is used to collect high school information for the purpose of determining continued 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.

**IN ORDER TO DETERMINE IF YOUR CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP AFTER AGE 18, COMPLETE AND RETURN THIS FORM BY DUE DATE:** \_\_\_\_\_

Provide Guardian's Names and Address Below:

Today's Date: \_\_\_\_\_

## Child Information

Name : \_\_\_\_\_

Birthdate: \_\_\_\_\_

18<sup>th</sup> Birthdate: \_\_\_\_\_

Case ID Number: \_\_\_\_\_



Mail or fax form to: **Subsidized Guardianship Accountant, DCFS / BPP, P. O Box 8916, Madison, WI 53708.**

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**

Will your child be in a full-time high school / GED program after age 18?

Will you be supporting your child after age 18?

Is your child married? If "Yes", date of marriage: \_\_\_\_\_ (mm/yyyy)

Has your child entered the military? Date of military enlistment: \_\_\_\_\_ (mm/dd/yyyy)

## WHAT ARE THE REQUIREMENTS FOR A CHILD TO QUALIFY FOR SUBSIDIZED GUARDIANSHIP AFTER AGE 18?

Your child must meet **ALL** of the following conditions to be eligible for Subsidized Guardianship (payment and 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.

Subsidized Guardianship benefits (payment and 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 Subsidized Guardianship 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 SUBSIDIZED GUARDIANSHIP AFTER AGE 18:

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

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

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

\_\_\_\_\_  
**SIGNATURE** – Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number (Daytime)

**MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.**

1<sup>st</sup> Notice

Subsequent Notice

Provider ID Number: \_\_\_\_\_