



DIVISION OF CHILDREN AND FAMILY SERVICES
1 WEST WILSON STREET
P O BOX 8916
MADISON WI 53708-8916


Jim Doyle
Governor




Helene Nelson
Secretary


State of Wisconsin
Department of Health and Family Services


Telephone: 608-267-3905
Fax: 608-266-6836
www.dhfs.state.wi.us



Dear Dr. _____ :

 Expiration of Amendment to Adoption Assistance Agreement

This is notification that the amended Adoption Assistance Agreement for _____ expired on _____. This may have resulted because a Request for Adoption Assistance Amendment was received by the Department and the  amendment was unable to be authorized prior to the expiration date or because a completed "Request for  Adoption Assistance Amendment form" with appropriate documentation was not submitted to the Department.  accordance with 48.975 (5)(dm), the monthly Adoption Assistance payment is returning to _____, which is the amount specified in your original Adoption Assistance Agreement, effective _____.

 If failure to submit a new "Request for Adoption Assistance Amendment form" with appropriate documentation was an oversight, please contact Jill Duerst at (608) 266-1142 to obtain information to request an amendment.

If a "Request for Adoption Assistance Amendment form" and supporting  materials were submitted to the Department prior to the expiration date and the Department was not able to authorize the amendment prior to the expiration date of your amendment, back compensation will be made (if applicable and if authorization applies).

If you have any questions regarding this determination, please contact Jill at the phone number ed above. 

Sincerely,

Dale W. Langer, Manager
Adoption and Consultation Section
Bureau of Programs and Policies

Enclosures