**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. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes].

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO DETERMINE IF YOUR CHILD IS ELIGIBLE TO RECEIVE ADOPTION ASSISTANCE BENEFITS AFTER TURNING 18,** | | | | | | | | | | | | | | | | | | | | |
| **COMPLETE AND RETURN THIS FORM BY** | | | | |  | | | | (MM/DD/YYYY)**.** | | | | | | | | | | | |
|  | | | | | | | | | | | | **Today’s Date:** | | | | |  | | | (MM/DD/YYYY) |
|  | | | | | | | | | | | |  | | | | |  | | | |
|  | | | | | | | | | | | | **Child Information:** | | | | | | | | |
|  | | | | | | | | | | | | Name: | | | | |  | | | |  | |
|  | | | | | | | | | | | | Birthdate: | | | | |  | | | (MM/DD/YYYY) |
|  | | | | | | | | | | | | 18th Birthday: | | | | |  | | | (MM/DD/YYYY) |
|  | | | | | | | | | | | | Case ID Number: | | | | |  | | |  |
| Name of high school your child attends: | | | |  | | | | | | | | | |  | | | | | | | |
| Month / year of expected high school graduation: | | | | | | |  | | | | | | (MM/YYYY) | | | | | | | | |
| Yes | | No | Will your child be enrolled in a full-time high school / GED program after their 18th birthday? | | | | | | | | | | | | | | | | | | |
| Yes | | No | Will you be financially supporting your child after their 18th birthday? | | | | | | | | | | | | | | | | | | |
| 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) | | |
| **REQUIREMENTS FOR A CHILD TO QUALIFY FOR ADOPTION ASSISTANCE AFTER AGE 18:**  Your child must meet **ALL** the following conditions to be eligible to continue receiving Adoption Assistance benefits (payment and / or Medical Assistance) after their 18th birthday:   1. Your child is attending secondary school or its vocational or technical equivalent full-time after turning 18. 2. You are supporting your child financially. 3. Your child is not married. 4. Your child is not in the military.   If **ALL** the above criteria are met, Adoption Assistance eligibility will end the month of your child’s high school graduation or your child’s 19th birthday,whichever comes first. If your Adoption Assistance includes a monthly subsidy, the final subsidy payment will be received that month.  If **EITHER** of the first two criteria are **NOT** met, Adoption Assistance eligibility will end the month of your child’s 18th birthday. If your Adoption Assistance includes a monthly subsidy, the final subsidy payment will be received the month of your child’s 18th birthday.  If your child is married or has joined the military, Adoption Assistance eligibility, including a subsidy payment if applicable, ends the month of the marriage or enlistment.  **For Wisconsin residents**, Medical Assistance will continue for an additional three-month period after Adoption Assistance eligibility ends (whether that is the 18th birthday, 19th birthday, graduation date, or the month of marriage or enlistment).  **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 a notice within 30 days, call the toll-free Adoption Assistance line: 1 (866) 666-5532.** | | | | | | | | | | | | | | | | | | | | |
| I attest that the information given above is true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | | | |  |  | | |
| **SIGNATURE** – Parent | | | | | | |  | Date Signed (MM/DD/YYYY) | | | | | | | | |  | Daytime Telephone Number | | |
| **MAKE A COPY OF THIS FORM FOR YOUR PERSONAL RECORDS.** Return this form to: | | | | | | | | | | | | | | | | | | | | |
| Mail: | Adoption Assistance Accountant  DCF / DSP / BPOHC  P.O. Box 8916  Madison, WI 53708-8916 | | | | | | | | | Fax: | | (608) 422-7170 | | | | | | | | |
| Email: | | DCFAdoptionAssistance@wisconsin.gov | | | | | | | | |