Notice of Decision on Subsidized Guardianship Eligibility Status After 18

**Use of form:** Completion of this form is required pursuant to Wis. Admin. Code § DCF 55.10(4)(b)4. The agency shall use this form to notify the guardian(s) of the decision regarding the guardian(s) and child’s eligibility for subsidized guardianship after the child turns 18. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| Agency Name      | Today’s Date      |
| Child’s Full Name      | Child’s Birthdate      |
| Guardian 1 Full Name      | Guardian 2 Full Name      |
| Address (Street, City, State, Zip Code)      |
| Based on the information you provided, the decision regarding you and the child’s eligibility for continued subsidized guardianship is indicated below. |
| [ ]  | I. | Subsidized guardianship has not been approved to continue after the child turns 18. The subsidized guardianship agreement will terminate the month of the child’s 18th birthday because the child will not be attending a full-time high school or education program leading to a high school diploma or the equivalent after they turn 18. The last subsidized guardianship payment will be for the month of the child’s 18th birthday and the child’s Foster Care Medicaid (medical coverage) will continue for an additional three-month grace period after the agreement is terminated. |
| [ ]  | II. | Subsidized guardianship has been approved to continue after the child turns 18. The subsidized guardianship agreement will either terminate the month the child receives their high-school diploma or the equivalent or the month of the child’s 19th birthday, **whichever comes first**. The last subsidized guardianship payment will be for that month and the child’s Foster Care Medicaid (medical coverage) will continue for an additional three-month grace period after the agreement is terminated. |
| [ ]  | III. | Subsidized guardianship has not been approved to continue after the child turns 19. The subsidized guardianship agreement will terminate the month of the child’s 19th birthday. The last subsidized guardianship payment will be for the month of the child’s 19th birthday and the child’s Foster Care Medicaid (medical coverage) will continue for an additional three-month grace period after the agreement is terminated. |
|  | For continuation of subsidized guardianship after age the child turns 19, additional eligibility requirements listed below must be met.  |
|  |  | The child is 19 or 20 years old, and all the following apply:1. The child is enrolled in and regularly attending a secondary education classroom program leading to a high school diploma or the equivalent.
2. The child has a physical, emotional, or behavioral need.
3. The social security administration has determined that the child is ineligible for Social Security disability insurance or Supplemental Security Income for not meeting the disability standard in 42 USC § 423(d) or 42 USC § 1382c(a).
4. The agency determines that the child’s physical, emotional, or behavioral need warrants the continuation of assistance under Wis. Stat. § 48.623.

The child is under age 21 and all the following apply:1. The child is a full-time student at a secondary school or its vocational or technical equivalent.
2. There is an individualized education program under s. 115.787, Stats., in effect for the child, and the guardian or interim caretaker submits a copy to the agency.
3. The subsidized guardianship agreement for the child became effective after the child attained 16 years of age.
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| [ ]  | IV. | Subsidized guardianship has been approved to continue after the child turns 19. The subsidized guardianship agreement will terminate the month the child receives their high-school diploma or the equivalent or the month of the child’s 21st birthday, **whichever comes first**. The last subsidized guardianship payment will be for that month and the child’s Foster Care Medicaid (medical coverage) will continue for an additional three-month grace period after the agreement is terminated. |
| **APPEALS PROCESS** |
| If you disagree with this determination, you may request a hearing in writing or in person, within 45 days of the 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 the Division at 4822 Madison Yards Way 5th Floor, Madison, WI 53705. You should include a short statement about the matter you are appealing and the reason for your appeal. |
| **If the child’s graduation date changes, it is your responsibility to notify the agency immediately. To report the new graduation date, contact:**      Telephone Number:       |