**Advance Notice of Termination of Subsidized Guardianship at Age 18**

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s Date | | | Agency Name | | | | | |
| Child’s Full Name | | | | | | | Child’s Birthdate (mm/dd/yyyy) | |
| Guardian 1 Full Name | | | | Guardian 2 Full Name | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | |
| **This is the**  **1st Notice  2nd Notice being sent.** As the guardian of the child receiving subsidized guardianship payments, please answer the questions below and return this form to       30 days prior to the child’s 18th birthday to determine if you and the child will remain eligible for subsidized guardianship after the child turns 18. If the form is not returned to the agency 30 days prior to the child’s 18th birthday, the subsidized guardianship agreement will be terminated. 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. | | | | | | | | |
| **Yes** | **No** |  | | | | | | |
|  |  | Will the child be attending high school or education program leading to a high school diploma or the equivalent after they turn 18?  If “Yes,” please list the month and year the child expects to receive their high school diploma or the equivalent: | | | | | | |
|  |  | Will you be supporting the child after they turn 18? | | | | | | |
|  |  | Has the child gotten married?  If “Yes”, please list the date of marriage:       (mm/dd/yyyy) | | | | | | |
|  |  | Has the child entered the military?  If “Yes,” please list the date of military enlistment:       (mm/dd/yyyy) | | | | | | |
| **What are the requirements to remain eligible for subsidized guardianship after the child turns 18?**   * The child is 18 years old and attending high school or an education program leading to a high school diploma or the equivalent. * The child is 19 or 20 years old, and all the following apply:   1. The child is enrolled in and regularly attending high school or an education 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.   **You will receive a notice of the decision within 15 days from the date the agency receives this completed form.** | | | | | | | | |
| The information given above is true and complete to the best of my knowledge. | | | | | | | | |
|  | | | | |  |  | |  |
| Guardian 1 Signature | | | | |  | Date Signed | |  |
|  | | | | |  |  | |  |
| Guardian 2 Signature | | | | |  | Date Signed | |  |

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