**DEPARTMENT OF CHILDREN AND FAMILIES**

**Division of Safety and Permanence**

**Notice of Termination**

**Use of form:** This form is used to notify a child or their guardians of the termination of a Voluntary Transition–to-Independent Living Agreement. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name and Address Below: | Today’s Date: | | | |  |  |
|  | | | | | | |
|  | Child Information | | | | | |
|  | Name: |  | | | | |
|  | Birthdate: | |  | | |  |
|  | 18th Birthdate: | | |  | |  |
|  | Case ID Number: | | | |  |  |

This notice is to inform you that the Voluntary Transition-to-Independent Living Agreement has been terminated effective       due to one or more of the following reason(s):

The terms of the agreement have been reached.

The child has graduated.

The child or guardian has requested a termination of the Voluntary-Transition-to-Independent-Living Agreement.

The child has attained the age of 21 years.

The child is no longer a full-time student at a secondary school or its technical or vocational equivalent.

The child no longer has an individualized education plan under s. 115.787 Wis. Stats.

The child was absent without permission or missing from out-of-home care placement for more than two weeks.

The child has entered military service.

You or your guardian may appeal the decision to terminate the agreement within 10 days of the notice to terminate the Voluntary-Transition-to-Independent-Living agreement in accordance with rules and procedures of the state’s fair hearing and appeal process.

A request for a Hearing shall be in writing addressed to the agency director at:

If a request for an appeal of a decision to terminate is made within 10 days of the date of the notice, then the agency must continue the placement until a decision is rendered for the appeal.