**Notice of Decision on Adoption Assistance Eligibility Status**

**Use of form:** This form is used to notify adoptive parents of their child’s eligibility for Adoption Assistance when a child is turning 18 or 19 years of age. Personally identifiable information on this form is used to verify the information necessary for providing benefits and will be used only for this purpose.

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| Provide Adoptive Parents’ Names and Address Below: | Today’s Date: |       |  |
|  |
|  | Child Information |
|       | Name: |       |
|       | Birthdate: |       |  |
|  | 18th Birthdate: |       |  |
|  | Case ID Number: |       |  |
|  | Provider ID Number: |       |  |
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| BASED ON THE INFORMATION YOU PROVIDED, YOUR CHILD’S ELIGIBILITY FOR CONTINUED ADOPTION ASSISTANCE IS INDICATED BELOW. |
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| [ ]  | I. | Adoption Assistance (payment and / or Medical Assistance) will end the month of your child’s 18th birthday. Your last |
|  |  | payment will be in      . Your child graduated from high school in      . |
|  |  |  |
| [ ]  | II. | Adoption Assistance (payment and / or Medical Assistance) will end       the month of your child’s graduation from high |
|  |  | school. Your last payment will be in      .  |
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| [ ]  | III. | Adoption Assistance (payment and / or Medical Assistance) will end the month of your child’s 19th birthday. Your last  |
|  |  | payment will be in      . For continuation of Adoption Assistance after age 19, your child must meet additional eligibility |
|  |  | requirements listed on the enclosed letter. |
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| [ ]  | IV. | Adoption Assistance benefits (payment and / or Medical Assistance) for your child have been approved to continue after |
|  |  | age 19. Benefits will end **either** the month of graduation from high school **or** age 21, **whichever comes first**: |
|  |  |  | [ ]  |      , the month / year of your child’s graduation from high school |
|  |  |  | [ ]  |      , the month / year your child turns age 21 |
|  |  |  |
| [ ]  | V. | Adoption Assistance benefits (payment and / or Medical Assistance) for your child have **not** been approved to continue after |
|  |  | age 19. Adoption Assistance will end the month of your child’s 19th birthday. Your last payment will be in      . |
|  |  | Reason: Your child has not met all of the requirements for an extension of benefits. |
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| 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 that office at 4822 Madison Yards Way, Madison, WI 53705. Appeals may also be sent via fax to (608) 264-9885. You should include a short statement about the matter you are appealing and the reason for your appeal. |
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| **If your child’s graduation date changes, it is your responsibility to notify the division immediately. To report the new graduation date, send a letter by mail or fax to:** |
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|  |  |  Adoption Assistance Accountant DSP / BPOHC P.O. Box 8916 Madison, WI 53708 Fax Number: (608) 264-6750 Telephone Number: (866) 666-5532 |
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| FOR OFFICE USE ONLY |  |
| Benefits: [ ]  Payment and MA [ ]  MA Only |  |
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