**Notification of Subsidized Guardianship Suspension or Termination**

**Use of form:** Completion of this form is required pursuant to Wis. Admin. Code § DCF 55.10(5)(bm). The agency shall use this form to notify guardians when their or the child’s eligibility for subsidized guardianship payments has been suspended or terminated. Termination of eligibility for subsidized guardianship payments also terminates the subsidized guardianship agreement and the other provisions within it. This notice is required to be provided to the guardian(s) at least 30 days before the subsidized guardianship payment is discontinued. 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)      |
| This notice is to inform you that the subsidized guardianship payments will be: [ ]  Suspended[ ]  Terminated (which also terminates the subsidized guardianship agreement and the provisions within it, including the child’s Foster Care Medicaid coverage) |
| Effective 30 days after the date of this notice due to the following reason(s):1. [ ]  The agency did not receive the completed annual review questionnaire from the guardian on or before the annual review date.
2. [ ]  The child is temporarily placed outside the guardian’s home.
3. [ ]  The child is temporarily placed outside the guardian’s home.
4. [ ]  The terms of the agreement have been reached; the child is now legally an adult.

1. [ ]  The guardian(s) requested to terminate the subsidized guardianship agreement.
2. [ ]  There has been a change in the child’s guardian.
3. [ ]  The child entered the military.
4. [ ]  The child got married.
5. [ ]  The child died.
6. [ ]  The child graduated, completed, or dropped out from a full-time, kindergarten to 12th grade educational program or its equivalent.
7. [ ]  The guardian is no longer supporting the child.
8. [ ]  The guardian’s legal responsibility for the child has ended.
9. [ ]  The child’s parent(s) is residing with the guardian and child (and the child’s parent(s) are not a minor or subject to an order for adult protective services or protective placement under Wis. Stat. § 55.12).

1. [ ]  The child is 18 and no longer enrolled in and regularly attending a secondary education classroom program leading to a high school diploma or the equivalent.

1. [ ]  The child is 19 or 20 and no longer meets all the following:
* Enrolled in and regularly attending a secondary education classroom program leading to a high school diploma or the equivalent.
* The child has a physical, emotional, or behavioral need.
* 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).
* The agency or department determines that the child’s physical, emotional, or behavioral need warrants the continuation of assistance under Wis. Stat. § 48.623.
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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 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 a request for an appeal of a decision to suspend or terminate subsidized guardianship payments is made within 10 days of the date of the notice to end the payment, then the agency must continue to make the payment until a decision is made by the Division of Hearings and Appeals. |