**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Notice of Decision of Appeal of Eligibility**

**Use of form:** This form is used to notify a child or their guardian of the decision on their appeal of an eligibility decision for extension of out-of-home care. 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 Request to Appeal the Eligibility Determination has been       due to one or more of the following reason(s):

[ ]  The child is eligible for extension of out-of-home care and the agency will enter a Voluntary-Transition-to Independent Living Agreement with the child or guardian.

[ ]  The child was not in an out-of-home care placement on or after 8/1/2014

[ ]  The child did not age out of out-of-home care on or after their 18th birthday.

[ ]  The child is not under the age of 21 years.

[ ]  The child is not a full-time student at a secondary school or its technical or vocational equivalent.

[ ]  The child does not have an individualized education plan under s. 115.787 Wis. Stats.

You or your guardian may appeal the eligibility determination within       days of this notice 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       at: