

1st Notice
 2nd Notice

**Notice of Intent
To Discontinue Subsidy Payments on 18th Birthday**

Date: _____ Child's Name: _____

Child's ID #: _____ Child's Birthdate: _____

Child's 18th Birthday: _____

Current Address On File: _____

The subsidy for your child is scheduled to end on his/her 18th birthday as stated in the terms of the assistance agreement that you signed prior to the adoption or guardianship finalization.

If you believe that your child meets one of the following criteria at this time, he/she may be eligible for an extension of the subsidy agreement.

Please read Option 1 and Option 2 very carefully and check **one** of the boxes if you believe that your child qualifies for one of these options.

A CHILD MAY BE ELIGIBLE FOR ONLY ONE OF THESE OPTIONS.

OPTION 1: The above named child has a physical or mental disability that substantially limits one or more of his/her major life activities. This disability or a risk factor for this disability was identified prior to the finalization of his/her adoption or guardianship and is documented in his/her subsidy agreement. You may be required to obtain and submit documentation from a physician that addresses the limitations caused by the disability.

OPTION 2: The above named child is attending high school and will not graduate before his/her 18th birthday. He/She **DOES NOT** have a physical or mental disability that substantially limits one or more of his/her major life activities. You will need to submit a letter from the child's high school verifying the child's expected graduation date.

If you have checked either box above, please return this form to your subsidy worker listed below by this date: _____.

IF A RESPONSE FROM YOU IS NOT RECEIVED BY THIS DATE, IT WILL BE DETERMINED THAT THE CHILD'S 18th BIRTHDAY IS THE CORRECT TERMINATION DATE OF THEIR SUBSIDY.

ANY EXTENSION OF THE SUBSIDY AGREEMENT MUST BE DETERMINED PRIOR TO THE CHILD'S 18th BIRTHDAY AND IS CONSIDERED FINAL. A SUBSIDY AGREEMENT CANNOT BE EXTENDED TO THE AGE OF 19 YEARS OR HIGH SCHOOL GRADUATION AND THEN FURTHER EXTENDED TO THE AGE OF 21 YEARS FOR A PHYSICAL OR MENTAL DISABILITY.

You will receive final notice of your child's subsidy termination date 60 days prior to your child's 18th birthday.

Please contact your subsidy worker if you have any questions about this letter or process of subsidy termination.

Subsidy Worker: _____

Address: _____

Phone: _____

Please confirm your current address and phone number below:

Name: _____

Address: _____

Phone: _____