State of Illinois Department of Children and Family Services

Notice for Documentation To Continue Subsidy Payments Until Age 19 or 21

Date:	Child's Name:
Child's ID #:	Child's Birthdate:
	Child's 18 th Birthday:
Per our conversation of extend the subsidy bey extend the subsidy.	on, you indicated that your child has a need that would yond their 18 th birthday. Additional documentation is required in order for the Department to
	BE ELIGIBLE FOR ONLY ONE OF THESE OPTIONS, AND CANNOT CHANGE ATION IN THE FUTURE.
Based on our discussi	on, you will need to provide the following information:
☐ 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 are required to obtain and submit documentation that addresses the limitations caused by the disability. Specifically, you need to provide:
☐ OPTION 2:	The above named child is attending high school and will not graduate before his/her 18 th birthday. He/She DOES NOT have a physical or mental disability that substantially limits one or more of his/her major life activities. You need to submit a letter from the child's high school that verifies the child's expected graduation date.
YOU MUST PROVIDE THIS DATE:	DE THIS DOCUMENTATION TO YOUR SUBSIDY WORKER LISTED BELOW BY
18 th BIRTHDAY AND THE AGE OF 19 YEA	OF THE SUBSIDY AGREEMENT MUST BE DETERMINED PRIOR TO THE CHILD'S D IS CONSIDERED FINAL. A SUBSIDY AGREEMENT CANNOT BE EXTENDED TO ARS OR HIGH SCHOOL GRADUATION AND THEN FURTHER EXTENDED TO THE FOR A PHYSICAL OR MENTAL DISABILITY.
Please contact your extension or termina	subsidy worker if you have any questions about this letter or process of subsidy ation.
Subsidy Worker:	
Address:	
Phone:	