

TERMINATION OF ADOPTION/GUARDIANSHIP ASSISTANCE

Date: _____

Child's Name: _____

Child's ID #: _____

This is to inform you that effective _____, your agreement for adoption/guardianship
(Date)
assistance with respect to the above-named child will be terminated for the following reason(s):

- The terms of the agreement have been fulfilled.
- You have asked that all components of the adoption/guardianship assistance stop permanently.
- You are no longer legally responsible for the child.
- You are no longer providing financial support for the child.
- The child has become an emancipated minor.
- The child has married.
- The child has enlisted in the military.
- Your parental rights have been terminated or guardianship has been vacated.
- The child has died.

Please be advised that if you wish to appeal this decision to terminate further assistance, you must state your appeal in writing to the address below within 45 days of the date of this notice. In the event of appeal, you will be informed of the Department's decision within 90 days after your written appeal is received (89 Ill. Adm. Code, Part 337, Service Appeal Process). If your appeal is postmarked within ten days after the date at the top of this form, the changes in your assistance will not take effect until the appeal is decided.

Address appeal to: Department of Children and Family Services
Adoption Assistance/Subsidized Guardianship Appeals
Administrative Hearings – Station #15
406 E. Monroe St.
Springfield, Illinois 62701-1495

If you have any questions, please contact your subsidy worker listed below:

Subsidy Worker: _____

Address: _____

Phone: _____

cc: Subsidy Unit