



Illinois Department of Children & Family Services

Date: _____

Child: _____

Child ID #: _____

This is to inform you that your request for a review of changes in your child's needs or circumstances has occurred. The following decision has been made regarding your adoption assistance/subsidized guardianship case:

- We recommend no change in your Agreement for Assistance for the following reason(s):

- We recommend the pursuit of the following services in your community:

- We recommend an amendment to your Agreement for Assistance to include the services listed below:
_____ Effective date: ____ / ____ / ____
_____ Effective date: ____ / ____ / ____
_____ Effective date: ____ / ____ / ____
- A change in your on-going monthly payment is warranted. It has been determined that the amount that you will receive will be \$ _____ effective on ____ / ____ / ____.

If a change to your subsidy is indicated above, you will be sent an amendment for your signature. Changes to the subsidy cannot occur until the amendment is signed and sent back.



If you do not agree with the decision of the Post Adoption / Guardianship Services Review Committee, you have the right to appeal. Should you choose to appeal, your request must be in writing and must be mailed within 45 days of the date on this notice to:

Administrative Hearings Unit
Department of Children and Family Services
406 E. Monroe, Station 15
Springfield, IL 62701.

You may notify the Administrative Hearings Unit of your decision to appeal this decision by signing a copy of this notice in the space provided and sending it to the above-address.

You have the right to bring an attorney or other representative at your own expense and to request that witnesses or other individuals having knowledge of the issues in dispute be present to testify.

If you do not understand this notice, talk to your subsidy worker.

Your subsidy worker's telephone number is: () - .

If you are hearing impaired and have a TDD, call () - .

I wish to appeal the decision to suspend adoption/guardianship assistance.

(Signature of Adoptive Parent/ Guardian)

(Date)

Sincerely,

cc: subsidy worker

Region:

Address: