## 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 <sup>th</sup> Birthday:
Per our conversation extend the subsidy bey extend the subsidy.	on, you indicated that your child has a need that would yond their 18 <sup>th</sup> birthday. Additional documentation is required in order for the Department to
	BE ELIGIBLE FOR ONLY <b>ONE</b> 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 <sup>th</sup> birthday. He/She DOES NOT have a physical or mental disability that substantially limits one or more of his/her major life activities. <b>You need to submit a letter from the child's high school that verifies the child's expected graduation date.</b>
	DE THIS DOCUMENTATION TO YOUR SUBSIDY WORKER LISTED BELOW BY
18 <sup>th</sup> 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:	