

**FINAL NOTICE OF INTENT
TO DISCONTINUE SUBSIDY PAYMENTS**

Date: _____ Child's Name: _____

Child's ID#: _____ Subsidy Termination Date: _____

This is to inform you of the final termination date of your child's subsidy agreement. This decision is based on information and/or documents contained in your child's subsidy or submitted by you upon receipt of the **CFS 1800-M-1, Notice of Intent to Discontinue Subsidy Payments on 18th Birthday**.

Your child's subsidy termination date is based on the following information:

- Your child's subsidy will terminate on his/her 18th birthday _____ as he/she does not meet the criteria for extension to 19 or 21 years of age;
- Your child's subsidy will terminate on his/her 19th birthday or high school graduation date which ever occurs first. This date is expected to be _____;
- Your child's subsidy will terminate on his/her 21st birthday _____ due to a current physical or mental disability which substantially affects his/her major life activities and was documented in his/her subsidy agreement.

This represents the final decision of the IDCFS regarding the termination date of your child's subsidy agreement. Please be advised if you wish to appeal this decision, you must state your appeal in writing to the address below within 45 days of the date of this notice. In the event of an appeal, you will be informed of the Department's decision within 90 days after your written appeal was received (89 IL. Adm. Code, Part 337, Service Appeal Process).

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

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

Subsidy Worker: _____

Address: _____

Phone: _____