

**NOTICE OF INTENT
TO DISCONTINUE SUBSIDY PAYMENTS ON 18TH BIRTHDAY**

☐ FIRST NOTICE

☐ FINAL NOTICE

Date: ____ / ____ / ____

Child's Name: _____

Child's ID #: _____

Your child is approaching age 18. Per your Agreement for Assistance, your checks will be discontinued on your child's 18th birthday unless he/she is attending high school or a high school equivalent or has a physical or mental disability that existed prior to the adoption or transfer of guardianship. You will receive a subsidy payment for all of the days up to your child's 18th birthday. If you believe your child qualifies for an extension of the subsidy, please continue to read.

If your child has a physical or mental disability, documentation of such is required. A disability is defined as those which affect the individual's major life activities, and can include but is not limited to one of the following: partial or total blindness, autism, mental retardation, cerebral palsy, hearing impaired or deaf, HIV, cystic fibrosis, epilepsy and diabetes. If your child is eligible for SSI (Supplemental Security Income) from the Social Security Administration (SSA), then the disability requirement is met. A copy of the letter from SSA indicating the child is eligible should be submitted. Other acceptable documentation would include a copy of a report or letter from a duly licensed or credentialed professional within the last year. You should submit the needed documentation to your subsidy worker prior to your child's 18th birthday. Once it has been determined that a disability exists, payment may continue until the child turns 21.

If your child is still in high school or a high school equivalent, and will continue to be at age 18 and does NOT have a physical or mental disability, please obtain a letter from the school indicating the child is attending and the expected graduation date. Once the letter is returned to your subsidy worker, payment will continue until age 19 or he/she finishes school, whichever occurs first.

If the documentation is not received prior to the child's 18th birthday, this will automatically result in a lapse in the medical coverage. If your child is not eligible as described, your payments will stop on the child's 18th birthday.

All documentation should be sent no later than the child's 18th birthday to:

Subsidy Worker: _____

Region: _____

Address: _____

Please be advised that if you wish to appeal a decision to terminate further assistance in your child's regard, 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).

Address appeal to: Department of Children and Family services
Adoption Assistance/Subsidized Guardianship Appeals
Administrative Hearings Unit
406 East Monroe Street – Station 15
Springfield, Illinois 62701

If you have any questions, please contact me at (____) ____ - _____