**Notification of Decision Related to Adoption Assistance**

Click here to enter a date.

Click here to enter adoptive parent’s name.

Click here to enter street address.

Click here to enter city, state and zip code.

**Re:** Name of child/youth

The Division of Family and Children Services’ (DFCS) Social Services Administration Unit (SSAU) has reviewed your application or eligibility status for adoption assistance benefits:

[ ]  Your request for Choose a benefit type has been denied. The reason for the denial of benefits is the child or youth does not meet Choose a denial reason

[ ]  If you enter into a deferred adoption assistance agreement with DFCS prior to the finalization of the adoption, you may reapply for adoption assistance in the future if the child develops a physical, mental, or emotional disability as validated by a licensed physician or psychologist. NOTE: A deferred adoption assistance agreement is only available for children who are adopted while in DFCS custody or children who were transferred from DFCS custody by a court order which specifies “for the purpose of adoption.”

[ ]  Adoption assistance benefits for the above child or youth will be terminated effective Click here to enter a date. The reason(s) for the termination of adoption assistance benefits: Choose termination reason

[ ]  The above child or youth does not meet the adoption assistance 18 and older eligibility criteria. Therefore the adoption assistance benefits will be terminated effective Click here to enter a date. The reason(s) for the termination of adoption assistance benefits: Choose termination reason. Once Adoption Assistance benefits are terminated for youth age 18 or older, they cannot be reinstated unless approved by the SSAU.

Additional Comments: Click to enter additional comments.

Please contact me if you have any questions or concerns at Click here to enter phone number and Click here to enter email address. If you disagree with this decision, you have the right to a fair hearing. To request a fair hearing, you must file your request within 30 days from the date of this notice. If you do not file your request within the 30 day time limit, you lose your right to a fair hearing and the decision becomes final. You can request a fair hearing by writing or calling your DFCS representative. Contact your DFCS representative if you need help with your request for a fair hearing. The hearing will be conducted by an administrative law judge who had no part in the original decision of your case. You may choose to have someone help you at the hearing, called a representative, such as an attorney or friend.

Sincerely,

Click here to enter DFCS representative name

Click here to enter DFCS representative position

Choose a DFCS Region

Click here to enter DFCS representative street address

Click here to enter DFCS representative city, state and zip code