**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

Determination of Eligibility

**Use of Form:** Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes]*.*

|  |  |  |
| --- | --- | --- |
| Today’s Date | | |
| Name – Youth | Birthdate | Current Age |
| Date Youth Entered Foster Care | Date of Youth’s Anticipated Discharge | Anticipated Age at Discharge |
| Current Address – Youth | | Current Telephone Number – Youth |
| **Eligibility for Extension of Out-of-Home Care** | | |
| Yes  No Does the youth have an IEP?  Yes  No Is the youth expected to graduate before age 19?  Yes  No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?  The youth  eligible to continue care up to graduation or age 21 whichever occurs first. | | |
| Youth has been made aware of options for remaining in care.  Yes  No Date:  Youth Chooses to:  Remain in care under court order  Remain in care under a voluntary agreement  Discharge from care Anticipated Transition to Discharge HearingDate: | | |
| **Subsequent Eligibility for Extension of Out-of-Home Care** | | |
| Yes  No Does the youth have an IEP?  Yes  No Will the youth be a full-time student at a secondary school or its vocational or technical equivalent after age 18?  The youth eligible to continue care up to graduation or age 21 whichever occurs first. | | |

You or your guardian may appeal the eligibility determination within 10 days of this notice in accordance with rules and procedures of the state’s fair hearing and appeal process.

A request for a Hearing shall be in writing addressed to the Agency Director at: