



STATE OF MICHIGAN

DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

Date

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YOUNG ADULT GUARDIANSHIP EXTENSION NOTICE

Dear Guardian:

Our records indicate that your child _____ will become **18 years of age** on _____.

Effective _____, your **current Support Subsidy and/or Medical Subsidy Agreements will end**. This means that if your child is receiving Support Subsidy payments, Medicaid coverage, and/or Medical Subsidy through the Subsidy Program, those payments/coverages **will end** on the last day of the month of your child's 18th birthday.

The Guardianship Assistance Program is authorized to extend support subsidies beyond the 18th birthday for eligible youth who first received guardianship assistance on or after their 16 birthday and who meet certain conditions. Please read **the enclosed application** that explains the requirements for extension of your child's subsidy benefits.

If your child is not eligible for an extension of Guardianship Assistance benefits, you may want to contact your local DHS office regarding possible Medicaid or other coverage options. Children with disabilities may qualify for Supplemental Security Income (SSI) by applying at the Social Security Administration (www.ssa.gov).

The Tuition Incentive Program (TIP) helps pay for college tuition for eligible students. Call toll free 1-888-447-2687 for information about TIP funds availability. In addition, your child may also be eligible for an Educational and Training Voucher (ETV) for up to \$5,000 per year for post-secondary pursuits until age 23. For more information, contact the ETV office at (877) 660-6388.

If you have any questions, contact your Subsidy Specialist.

Sincerely,

Subsidy Program Manager

Court notification: This document is to serve as notice to the court that this youth may be eligible for extended guardianship subsidy. The court will receive formal notification of the eligibility determination within 120 calendar days of the youth's 18th birthday that will either confirm (DHS 3313-YA) or deny (DHS Denial Form) the guardianship subsidy extension.

Please do not close this guardianship case until such notice is received, unless the court determines that the guardianship will not continue.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc.. under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

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