



STATE OF MICHIGAN
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 LANSING

RICK SNYDER
 GOVERNOR

NICK LYON
 DIRECTOR

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Date

Youth's name:

YOUNG ADULT VOLUNTARY FOSTER CARE CASE DENIAL/CLOSURE NOTICE

Foster care maintenance payments have been denied/closed for the following reason(s):

- 1. The youth is not a US citizen or qualified alien.
- 2. The youth terminated the DHS-1297, Young Adult Voluntary Foster Care Agreement, placement agreement.
- 3. The youth does not or is no longer meeting one or more of the following program eligibility requirements:
 - Completing secondary education or a program leading to an equivalent credential.
 - Enrolled in an institution that provides post-secondary or vocational education.
 - Participating in a program or activity designed to promote employment or remove barriers to employment.
 - Employed for at least 80 hours per month.
 - Volunteering for a community organization for at least 80 hours per month.
 - Incapable of doing any part of the activities listed due to a documented medical condition.
- 4. A court order was not signed within 180 days of the date the youth signed the DHS-1297, YAVFC Agreement, finding that remaining in foster care is in the youth's best interest.
- 5. The youth has reached his or her 21st birthday.
- 6. The youth entered military service.
- 7. The youth has been legally adopted.
- 8. The youth married.
- 9. The youth died.
- 10. The youth refused to make contact with the caseworker for more than 30 calendar days.
- 11. The youth has been incarcerated for more than 30 calendar days.

Therefore, effective _____ your Young Adult Voluntary Foster Care case will be closed.

A copy of this notice must be provided to the youth. If the youth believes that this action is incorrect or against the law, the youth has the right to request an administrative hearing on this matter. The youth's request should be submitted in writing, within 21 calendar days from the date of this notice. Submit the youth's request to DHS-YAVFC@michigan.gov or to Education and Youth Services, YAVFC Analyst, 235 S. Grand Ave., Suite 514, Lansing, MI 48909. The youth may represent themselves at the hearing, or may be represented by an attorney, relative, friend, or other spokesperson; however, the department will not pay for costs of an attorney or other representative.

Caseworker signature	Caseworker name	Phone number ()	Date
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The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.