



**NOTICE OF TERMINATION OF GUARDIANSHIP ASSISTANCE PAYMENTS /
GUARDIANSHIP ASSISTANCE AGREEMENT**

State Form 49838 (R / 9-05) / CW 0037

To: _____
(Name of Guardian)

(Name of Child)

(Name of Guardian)

(Address)

In accordance with 470 IAC 3-10.5-6, you are hereby notified of the termination of monthly assistance payments, established under a Guardian Assistance Agreement, that previously have been paid to you as guardian(s) of the above-named qualified child for the child's care. Reasons for this action are outlined below.

REASONS:

The effective date of termination is _____. If you (guardian or child) have received an assistance payment for which you did not qualify based upon the effective date of the termination, you (guardian or child) are obligated to repay the amount of that payment to the central or local office of the Department of Child Services (DCS). Our records indicate that you must repay \$ _____ as of _____.
Date (month, day, year)

If you have any questions regarding this notice of termination, please contact the person listed below. We will do our best to answer any questions or address any issues you might have. Please note that you have the right to appeal this determination. Information concerning filing an appeal appears on the back of this form.

Contact Person:

(Printed Name)

(Signature)

(Title)

(_____)
(Telephone)



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INSTRUCTIONS FOR MAKING AN APPEAL

If you do not agree with the determination to terminate your monthly payment under the Assisted Guardianship Program, you have the right to appeal this action and request a fair hearing pursuant to 470 IAC 1-4. A written appeal and request for hearing must be sent to the local DCS office within 30 days of the date that the determination to terminate assisted guardianship payments was made. If you are unable to write this letter for yourself, contact your local DCS office and request assistance in preparing the letter. The local DCS office is required to:

- (1) act upon your appeal within 30 days of its receipt; and
- (2) notify the Indiana Family and Social Services Administration, Hearings and Appeals Section, of the existence of the appeal immediately upon receipt.

If you are unable to reach agreement with the local DCS office, you will be given a fair hearing in accordance with 470 IAC 1-4. The Indiana Family and Social Services Administration, Hearings and Appeals Section, on behalf of DCS, will notify you in writing of the date, time and place for the hearing. The hearing will be held in the county from which you receive the assisted guardianship subsidy. An impartial Administrative Law Judge will conduct the hearing, which is informal and provides an opportunity for parties with standing to present testimony and evidence.

Prior to or at the hearing, you will have the right to examine case materials pertaining to your Assisted Guardianship case at the local DCS office. You may represent yourself at the hearing or authorize a representative, such as an attorney, a relative, a friend or other spokesperson to do so. At the hearing, you will have full opportunity to bring witnesses, establish all pertinent facts, advance any arguments and questions or refute any testimony or evidence presented by the Department of Child Services.

Following the hearing, the Administrative Law Judge will make a decision which will be reported to you and to the local DCS office at the same time. If that decision is unsatisfactory to you or to the local DCS office, an agency review may be requested. Information and instructions regarding the agency review process are included with the decision of the Administrative Law Judge.