

North Carolina Division of Social Services

ADOPTION ASSISTANCE TERMINATION NOTICE

Date

RE: _____ SIS # _____
Child's Adoptive Name

Adoption Assistance benefits for the above named child will be terminated effective _____ for the following reason:

- The child is 18 years old
- The adoptive parent(s) requested termination of Adoption Assistance benefits
- The adoptive parent(s) died
- The adoptive parent(s) is no longer legally responsible for providing financial support for the child
- A court of competent jurisdiction has terminated the parental right(s) of the adoptive parent(s)
- The child died
- The child was readopted
- The child is emancipated
- The child is married
- The child enlisted in the military

If this information is incorrect, please contact me immediately at (____) _____ or email at _____ . You have the right to appeal this decision. If you would like an Adoption Assistance Appeal, your request should be in writing and must be received by the _____ County Department of Social Services within 45 days of the date on this notice. You have the right to bring legal counsel, or other representatives at your own expense.

Please contact me for reinstatement of Adoption Assistance benefits if the situation changes and your child again becomes eligible.

Sincerely,

Case Worker