



**ARKANSAS DEPARTMENT OF HUMAN SERVICES**  
**Division of Children and Family Services**  
**Notice of Modification or Termination to**  
**Subsidized Guardianship Agreement**

Date \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

This is to notify you that as of \_\_\_\_\_ the Subsidized Guardianship Agreement and benefits paid under the agreement on behalf of \_\_\_\_\_ have been:

Modified \_\_\_\_\_  
(Please provide description of modification)

Terminated

The Subsidized Guardianship Agreement and associated payments have been modified or terminated for the following reason(s):

- Changes in the child's circumstances have altered the level of care required for the child.
- Changes to the child's income have necessitated a revision to the guardianship subsidy.
- You are no longer legally responsible for the child's care due to a change in the legal status of the child prior to reaching the age of 18;
- You are no longer providing any care and/or financial support to the child;
- You did not submit 435-G: Annual Progress Report and Subsidized Guardianship Review and/or required supporting documentation when requested and as outlined in your Subsidized Guardianship Agreement.
- We have received notification that an annual report was not submitted to the court as outlined in your Subsidized Guardianship Agreement.
- You did not adhere to other provisions outlined in your Subsidized Guardianship Agreement.
- The child is over the age of 18 and receiving extended Subsidized Guardianship benefits and no longer meets, or the parents fail to submit documentation sufficient to demonstrate, that the child meets the educational or vocational requirements of this Agreement.
- The child was mistakenly determined eligible for benefits;
- You have requested termination of the Subsidized Guardianship Agreement and associated benefits;

Other

Additional Permanency Specialist comments:

You have a right to appeal this decision within 30 calendar days of receiving this notice. To request an administrative hearing, you must mail a copy of this form along with your request to:

Office of Appeals & Hearings  
Slot N 401, P.O. Box 1437  
Little Rock, AR 72203

Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing. You have the right to an attorney; if you cannot afford one you should contact Legal Services.

For more information, please contact the DCFS Permanency Specialist at 501-682-1585.

\_\_\_\_\_  
Permanency Specialist Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Manager or Designee Signature

\_\_\_\_\_  
Date