

**NOTICE AT AGE OF MAJORITY - VOLUNTARY SERVICES CLIENTS**

DCF-779-VS

12/19 (Rev.)



|                          |                  |       |          |             |
|--------------------------|------------------|-------|----------|-------------|
| Youth LAST Name          | Youth FIRST Name | DOB:  | Phone #: | LINK PID #: |
| Address (No. and Street) | Apt. #:          | City: | State:   | Zip:        |

Within the next three months you will reach your 18<sup>th</sup> birthday. You may continue to receive Voluntary Services from the Department of Children and Families until your 21<sup>st</sup> birthday as long as DCF, in its discretion, determines that you will benefit from further care and support from DCF, you consent to continue to receive services, and you cooperate with the services set out in your case plan. If DCF determines that you cannot benefit from further care and support, you will be provided with written notice and have the right to an administrative hearing.

**I WISH TO:**

Voluntarily continue by participating in services offered by DCF and set forth in my case plan

Transfer to:  Department of Mental Health and Addiction Services

Department of Developmental Services

|                     |       |                                 |       |
|---------------------|-------|---------------------------------|-------|
| Signature of Youth: | Date: | Signature of DCF Social Worker: | Date: |
|---------------------|-------|---------------------------------|-------|

**OR**  Leave DCF care on my 18<sup>th</sup> birthday. I understand that DCF will terminate money payments and placement services on that date.

Date to review Transition Plan:

|                     |       |  |       |
|---------------------|-------|--|-------|
| Signature of Youth: | Date: | Signature of DCF Social Worker:          | Date: |
|                     |       | Signature of DCF Youth's Attorney or GAL | Date: |

Faxed to DCF Revenue Enhancement Division (RED) 860-706-5331