

North Carolina Division of Social Services

ADOPTION ASSISTANCE SUSPENSION NOTICE

Date

RE: \_\_\_\_\_  
Child's Adoptive Name

SIS # \_\_\_\_\_

Adoption Assistance benefits for the above named child will be suspended effective \_\_\_\_\_ for the following reason:

- You have requested that Adoption Assistance benefits be suspended.
- We are able to document that you are no longer providing financial support for the child.

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 expense.

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

Sincerely,

Case Worker