DCF-779-VS
01/2015 (New)

State of Connecticut
Department of Children and Families

NOTICE AT AGE OF MAJORITY
VOLUNTARY SERVICES CLIENTS

Name of Youth:		DOB:	
Address:		Phone:	
City, State & Zip:		LINK#:	

Within the next three months you will reach your 18th birthday. You may continue to receive Voluntary Services from the Department of Children and Families until your 21st 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 18th birthday, I understand that DCF will terminate money payments and placement services on that date.

Date to review Adolescent Transition Plan: _____

_____ _____
Signature of Youth Date Signature of DCF Social Worker Date

_____
Signature of DCF Youth's Attorney of GAL Date

☐ Faxed to DCF Medical Assistance Unit (203) 427-2880