

Date

Young Adult Name

Street Address

City, State Zip

Dear (Young adult name and attorney name),

This letter is to inform you that DCFS/WCHSA/CCFS intends to request the court close your Extended Young Adult Support Services Program (EYASSP) case for the following reasons:

1. Have not met the statutory EYASSP requirements for more than 60 days.
2. Contact/meetings have been attempted to bring you in compliance with the EYASSP and there was no progress.
3. Diligent search (if applicable) was conducted to determine your location and was completed on (enter date) which resulted in:
  - a. (insert results)

If you disagree with this decision, under state law pursuant to NRS 432B.594(5), you may request an informal administrative review of your case within fifteen (15) days of receipt of this notice. If we do not hear from you within fifteen (15) days, we will automatically send a notice to the court indicating closure of your EYASSP case.

To initiate an informal administrative review process, you must contact (insert worker name) or your court appointed attorney, (enter attorney name) to assist you with the next steps regarding your participation in the EYASSP.

However, if you decide to move forward with the court closing your case, you remain qualified for re-entry into the EYASSP until the age of 21.

*This letter will also be sent to the young adult's last known address and/or email and to the court appointed attorney.*

Thank you,

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Supervisor Printed Name

Signature

Date

Last Known Address:

**(Young Adult's address)**

Email:

**(Young Adult's email)**