



Clear

NOTICE OF CHANGED CIRCUMSTANCES (Client's Master Trust Account)

DATE:

TO: General Counsel, Agency for Health Care Administration

Identify Zone/Region/District Fiscal Office

FROM: Department of Children and Families, _____ Fiscal Office

District Contact Person: _____ Tel.#: _____

If applicable, enter
"ext." and
extension number

Client's Name: _____ DOB: _____ SS#: _____

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The above client has turned age 18 and thereby will no longer be in the legal custody of the department.

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The above client, who is over the age of 18, no longer requires the care, custody, control or services of the department.

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The above client, who has attained the age of 18, has a physical or mental disability or is otherwise incapacitated or incompetent to handle his or her own financial affairs, and the department is applying for a court order from a court of competent jurisdiction to establish a separate trust for the client.

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The above client, under the age of 18, who has been in the legal custody, care or control of the department, is leaving the care, custody and control of the department due to adoption or placement of the child with a relative, or as otherwise directed by a court of competent jurisdiction.

**NOTE: THE ABOVE INFORMATION IS CONFIDENTIAL AND EXEMPT FROM THE
PUBLIC RECORDS PROVISIONS OF CHAPTER 119, FLORIDA STATUTES.
UNAUTHORIZED DISSEMINATION MAY RESULT IN CRIMINAL PENALTIES.**