

Guardianship Subsidy Application

The prospective guardian and the child (if appropriate) complete this form with the assistance of the Department of Human Services' staff.

For applicants without a foster care license or an approved home study:

- ◆ The Department will complete child abuse record checks and sex offender registry checks.
- ◆ The applicant shall submit a DCI record check with the application.
- ◆ The applicant must submit three letters of references and the Department has the option of obtaining additional unsolicited references.
- ◆ The applicant must submit a financial statement. (Attach verification.)

Applicants for Subsidized Guardianship		Phone ()
Address		DOB
Names of other persons living in the home:		
Child's Name	Birth Date	State ID
Dates the child has been in foster care in the last 12 months:		
If child is under 12 years of age:	Number in sibling group:	Age of oldest sibling:

Child's unearned income: (Attach verification.) \$ _____

Subsidy requested: \$ _____

- ◆ I understand the eligibility requirements for subsidized guardianship to be:
 - The juvenile or probate court enters a permanency order establishing guardianship.
 - The Department has determined:
 - There are funds available.
 - The option of reunification of the child with the birth family has been eliminated.
 - Termination of parental rights is not appropriate.
 - Adoption is not appropriate for the child.
 - A completed guardianship subsidy application.
 - At the time of initial application, the child has been in a licensed foster care placement and has lived in foster care for at least 6 of the previous 12 months.

- The child is either:
 - 14 years of age or older and consents to the guardianship; or
 - 12 years of age or older and guardianship has been determined to be in the child’s best interest; or
 - Under 12 years of age and part of a sibling group with a child aged 12 or older.
 - The child has lived in continuous placement with the prospective guardian for the six months before initiation of the guardianship subsidy.
 - The placement does not require Department supervision.
- ◆ I understand for subsidized guardianship, I will be asked to sign an agreement that identifies my responsibilities and the amount of subsidy. My responsibilities include:
- Completing the medical application at least yearly or more often if requested.
 - Reporting the child’s unearned income to the Department.
 - Notifying the Department if I am no longer supporting this child or the child is no longer living in the guardian home.
 - Reporting any changes of other persons living in the home.
- ◆ I understand:
- The purpose of the subsidy is to assist in covering the cost of room, board, clothing, and spending money for the child.
 - The birth parents may be aware that the child is placed in my home, unless parental rights are terminated.
 - The Department will provide a notice to inform me of the action taken on my application.
 - If the child is eligible, the Department will negotiate a subsidy with me based on the needs of the child and my circumstances.
 - The subsidy shall be no more than the foster family care maintenance rate according the age and special needs of the child.
 - If the child needs to be placed out of my home and the plan is for the child to return to my home, a partial subsidy amount may be negotiated.
 - Either the Department or I can initiate renegotiation of the subsidy.
- ◆ I certify that all information provided on the application and attached to the application is true.

Applicant Signature	Date
Applicant Signature	Date
Child Signature	Date
DHS/JCS Worker	Date Received