

# CERTIFICATION OF GUARDIANSHIP ASSISTANCE ELIGIBILITY AND REQUEST FOR AGREEMENT

State and Title IV-E Funded Juvenile Guardianships  
Michigan Department of Human Services

Child's Name	
Child's Birthdate	SWSS Log Number
Child's Legal Status: <input type="checkbox"/> Permanent Court Ward <input type="checkbox"/> State Ward (MCI) <input type="checkbox"/> Temporary Court Ward	

### Worker's Certification of Guardianship Eligibility Requirements

A. All of the following are <b>documented</b> in the foster care case record (check each one that applies): <input type="checkbox"/> The child demonstrates a strong attachment to the prospective guardian. <input type="checkbox"/> The child has been consulted about guardianship if age 14 or older. <input type="checkbox"/> The child is under age 18 (birth certificate is in the file). <input type="checkbox"/> Reunification and/or adoption have been ruled out as permanency goals for the child. <input type="checkbox"/> Placement with the guardian is in the child's best interest. <input type="checkbox"/> The child was placed in the caregiver's home by the department as a foster child. _____ <span style="float: right; font-size: small;">(Date of placement)</span> <input type="checkbox"/> The prospective guardian is a licensed foster parent. Provider number: _____ <input type="checkbox"/> All adult household members have successfully completed a criminal history check and child abuse registry check, per foster care licensing requirements. <input type="checkbox"/> The child is residing with the prospective guardian in the guardian's licensed foster home. <input type="checkbox"/> The guardian has a strong commitment to caring permanently for the child.
B. The number of consecutive months the child has resided in the home of the prospective guardian: _____
C. The prospective guardian home has been licensed for foster care since (mm/dd/yyyy): _____
D. <input type="checkbox"/> The child: <ul style="list-style-type: none"> <li><input type="checkbox"/> Is eligible for Title IV-E foster care maintenance payments.</li> <li><input type="checkbox"/> Has lived with a prospective relative guardian for 6 consecutive months.</li> <li><input type="checkbox"/> The prospective relative guardian has been a licensed foster care provider for the 6 consecutive months the child lived with the guardian.</li> </ul> or <input type="checkbox"/> The child is NOT a title IV-E eligible child being placed with a relative guardian.
E. Is this child being placed in guardianship with a sibling(s)? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No Sibling(s) Name(s) _____

**I certify that I have reviewed the case record for the above child and all of the information listed above is accurate.**

Agency Name		
Agency Address		
Assigned Worker Name	Phone (    )	Email address
Assigned Worker Signature	Assigned Worker's Supervisor Signature	Date
DHS Foster Care Monitor Signature	DHS Supervisor Signature	Date

The following documentation must be attached:

- The completed DHS-436, Title IV-E Case Reading form (if child is being placed with a relative).
- A Determination of Care form (DHS-470, 470A, or 1945) dated within the last 6 months, if a DOC rate is being paid for the child's care.
- The Updated Service Plan (USP) including narrative of each case plan requirement in Section A.
- A copy of the child's birth certificate.
- Copies of the completed permanency planning checklists (DHS-2051 and 2052 or 2053).
- Copies of foster home licensing assessment(s) and any addenda.

Mail to: Michigan Department of Human Services, Subsidy Office, 235 S. Grand Ave., Suite 412, PO Box 30037, Lansing, MI 48909

Authority: PA 260 of 2008 Response: Required Penalty: Ineligible for assistance	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
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