



Guardianship Subsidy Application

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

Applicants for Subsidized Guardianship	
Name	Name
Address	Phone ()

Other Household Members	
Name	Relationship to Guardian

Child Age 10 or Older	
Name	DOB
Date Foster Care Placement with Proposed Guardian Began	

Eligible Sibling(s) of Child 10 or Older	
Name	DOB
Date Foster Care Placement with Proposed Guardian Began	

Amount of subsidy requested: \$ _____

- ◆ I understand the eligibility requirements for subsidized guardianship to be:
 - The 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.
 - ◇ The child has a documented permanency goal of guardianship, or another planned permanent living arrangement.
 - A completed guardianship subsidy application.

- At the time of initial application, the child has been eligible for Title IV-E foster care maintenance payments while residing for at least six consecutive months in the applicants' home.
- The child is either:
 - ◊ 10 years of age or older and consents to the guardianship; or
 - ◊ Part of a sibling group with a child aged ten or older living in the same household , and guardianship has been determined to be in the child's best interest.
- 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.
- ◆ 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 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.
 - 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
DHS Worker Signature	Date
DHS Supervisor	Date