



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 CHILDREN'S DIVISION
SUBSIDIZED GUARDIANSHIP AGREEMENT ATTACHMENT

CONTRACT NUMBER

CHILD'S NAME	DOB	DCN	LEGAL GUARDIAN(S) NAME	DVN
--------------	-----	-----	------------------------	-----

THIS DOCUMENT REPLACES ANY PRIOR ATTACHMENT TO A SUBSIDY AGREEMENT BETWEEN THE CHILDREN'S DIVISION AND THE LEGAL GUARDIAN(S) CONCERNING THE CHILD NAMED ABOVE.

SERVICE DESCRIPTION	CODE	CONTRACTED SERV. (Y/N)	MEDICAID PROVIDED SERVICE (Y/N)	RECURRING YEARLY = Y MONTHLY = M ONE TIME ONLY = O	MAXIMUM AMOUNT	APPROVAL TIME PERIOD
BASIC SUBSIDY-MEDICAID (MEDICAL PROVIDER WILL UTILIZE THEIR PRIVATE INSURANCE PRIOR TO ACCESSING MEDICAID)						BEGIN
						END
MAINTENANCE					\$ _____	BEGIN
						END
DAYCARE					\$ _____	BEGIN
						END
					\$ _____	BEGIN
						END
					\$ _____	BEGIN
						END
					\$ _____	BEGIN
						END
					\$ _____	BEGIN
						END
					\$ _____	BEGIN
						END

EXPLANATION

REVIEWED BY		SIGNATURES	
CHILDREN'S SERVICES WORKER	DATE	LEGAL GUARDIAN	DATE
CIRCUIT MANAGER OR PLACING AGENCY/DESIGNATED REPRESENTATIVE	DATE	LEGAL GUARDIAN	DATE
REGIONAL DIRECTOR OR DESIGNATED REPRESENTATIVE	DATE	ADDRESS	
CENTRAL OFFICE UNIT MANAGER (WHEN REQUIRED)	DATE		
ADDRESS		APPROVAL BY	
		DIRECTOR, CHILDREN'S DIVISION	DATE