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|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **APPLICATION FOR SUBSIDIZED GUARDIANSHIP** | | | |
| **Child Information:** | | | | | |
| This application for a guardianship subsidy is made on behalf of the following child: | | | | | |
| **Name** | | | **DOB** | **DCN** | |
|  | | |  |  | |
| **Date placed with family** | | | | | |
| **Guardian(s) Information:** | | | | | |
| **This application for subsidy is being made by:** | | | | | |
| **Name(s)** | | | | | |
|  | | | | | |
| **Address** | | | **City/State** | | |
|  | | |  | | |
| **Relationship to family at time of initial placement:** | | | | | |
| ***TO BE COMPLETED BY WORKER:*** | | | | | |
| **Agency who had custody at time of placement** | | | **Worker Name** | | |
|  | | |  | | |
| **Date of guardianship** | | | **Date of last IV-E eligibility determination** | | |
|  | | |  | | |
| **IV-E eligible:**  **Yes**  **No** | | | | | |
| **SSI eligible:**  **Yes**  **No** | | | **Receiving OASDI:**  **Yes**  **No** | | |
| ***Special Needs Criteria for which application is being made: (Check all that apply)*** | | | | | |
|  | **Care and custody with the Children’s Division**  **Over age 5**  **Handicapping condition**  **Member of a sibling group being placed together**  **Guarded prognosis** | | | | |
| **Summary Information regarding the child. (Include medical, physical, and mental health information/documentation as well as relevant information about biological parent(s) that may result in guarded prognosis for this child)** | | | | | |
|  | | | | | |
| **Attach a copy of the child’s full social summary as outlined in Section 4 Chapter 27 Subsection 3 of the Child Welfare Manual.** | | | | | |
| Guardian Signature | | | | | Date |
|  | | | | |  |
| Guardian Signature | | | | | Date |
|  | | | | |  |