APPLICATION FOR SUBSIDIZED GUARDIANSHIP

PURPOSE:

This form is to be considered as the relative's (grandparent, aunt, uncle, adult sibling or adult first cousin of the child) formal application for subsidy and is to be completed at any time the family presents a court order that gives the relative legal guardianship, in order to meet the needs of the child. It is also to be used as the method by which a worker can document annual reviews of the application and that the plan and agreement are up to date and complete.

A new subsidy application must be completed if the child or family's needs have changed significantly and subsidy is needed to meet the child's needs or if the subsidy agreement has been permitted to lapse. If changes are needed, a new agreement (CS-LG-2) must be completed.

NUMBER OF COPIES AND DISTRIBUTION:

The CS-LG-1 is a two-page form, which is primarily completed by the family. After the form is completed, three copies are made. One is given to the applicant, one is retained in the family's case record, and one is forwarded to the Regional Office when the Subsidized Guardianship Agreement (CS-LG-2) is submitted for approval.

The Regional Office retains its copy with the completed copies of the CS-LG-2.

INSTRUCTIONS FOR COMPLETION:

The relative family completes this form, with any necessary assistance from the worker. The review section of the form is completed by the designated worker representing the Children's Division.

1. Enter the current legal name of the child in whose behalf application for subsidy is being made.

2 & 3. Enter the information as requested in the spaces provided. Assistance may be given to the applicant in completing this section.

   Note: Documentation and verification of the financial information entered by the family is not required.

4. Number in Household: Enter the number of household family members, excluding the eligible subsidy child.

5. Medical Information: Applicants may choose to cover the eligible child under their own private insurance policies. If this is the case, it is important the relative provide the full name of the medical/dental insurance company(ies) and the complete policy number(s). If a relative is a member of an insurance group, the number provided is that of the group policy. Complete a TPL form if the family has private insurance. Inform the family they need to let you know if their insurance carrier changes.

6. Self-explanatory.

7. Self-explanatory.

8. Self-explanatory.

9. Signatures: The relative(s) should enter signatures and the date of the signatures.

10. Address and Telephone: Enter the full address and telephone number of the relative provider(s).

    For example: 1300 San Francisco Drive
    California, MO 99846

    (314) 555-5000

11. County Family Services Office and Address: Enter the name of the County CD office, which will be responsible for processing the subsidy. Enter the address of the County CD office identified in the previous entry.

Comments/Reviews:

This section is used to record any comments by the applicant or the worker, which explains entries made in the application. The worker should note any substantive changes in the family's financial circumstances at the annual review.

Reviewed:

Space is provided for reporting 14 annual reviews of the Subsidized Guardianship Agreement.

Date: Enter the month and year for each review completed.

Changes: Enter "yes" or "no" to indicate whether or not changes in the subsidy agreement attachment(s) were necessary because of information collected during the review.

Worker Name: The worker conducting the review should legibly enter their signature.

INSTRUCTIONS FOR RETENTION:

This form and any related correspondence are retained permanently.

MEMORANDUM HISTORY: CS99-30; CD04-77