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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’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) | RECURRINGYEARLY=YMONTHLY=MONE TIME ONLY=O | MAXIMUM AMOUNT | APPROVAL TIME |
| 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 SERVICE 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      |