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|  | 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 | | |
| 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 | | |
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| 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 |