



ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Children and Family Services
Subsidized Guardianship Program Application & Checklist

I (we) hereby apply to the Division of Children and Family Services for the Subsidized Guardianship Program for the following child:

_____ IV-E Eligible Non IV-E Eligible
 Child's Full Name

_____ Child's CHRIS ID _____ Child's Date of Birth

_____ CHRIS Provider ID
 Prospective Relative Guardian/ Current Relative Foster Parent

_____ CHRIS Provider ID
 Prospective Relative Guardian/Current Relative Foster Parent

_____ Address _____ City/State/Zip Code _____ Telephone

The following eligibility criteria have been met:

- The child has been removed from his or her home pursuant to a judicial determination that continuation in the home would be contrary to the welfare of the child/youth and, as such, the child/youth has been placed in DHS custody per judicial order;
- The child has resided for at least 6 consecutive months in the fully approved foster home of the prospective relative guardian(s) (i.e., the prospective relative guardian's home is no longer a provisional foster home and has been a fully approved foster home to the child seeking a Subsidized Guardianship Program approval for at least 6 consecutive months);
- Being returned home or adopted are not appropriate permanency options for the child and the Subsidized Guardianship arrangement is in the child's best interest;
- The child demonstrates a strong attachment to the prospective relative guardian(s) and the guardian(s) has a strong commitment to caring permanently for the child;
- Each child is consulted regarding the Subsidized Guardianship arrangement; and,
- Youth 12 and older shall sign consent to guardianship if he or she agrees to the Subsidized Guardianship arrangement and it is agreed that procedures to finalize the guardianship should be initiated (unless the court in the best interest of the minor dispenses with the minor's consent).

The following information describing the ways in which the child meets eligibility requirements for Subsidized Guardianship is included in the case plan:

- The steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted;
- The reasons for any separation of siblings during placement and description of the efforts made to place currently separated siblings together, the efforts made to provide frequent visitation or other ongoing interaction between siblings; and efforts to reunify separated siblings;
- The reasons why a permanent placement with an appropriate and willing relative through a Subsidized Guardianship arrangement is in the child's best interest;

- The efforts that the Division has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of those reasons;
- The efforts made by the Division to discuss with the child's parent(s) the Subsidized Guardianship arrangement; or the reasons why the efforts were not made; and,

I (We) _____, the prospective relative guardian(s) do hereby confirm that I (we) intend to pursue legal guardianship supported by a guardianship subsidy for _____ which includes, but is not limited to, participation in the permanency planning activities, subsidized guardianship determination meetings, and the development of an agreement, provided all other necessary parties agree that Subsidized Guardianship is in this child's best interest and all eligibility requirements have been met. I (We) understand that the Subsidized Guardianship arrangement is not yet final and that the process may be terminated at any point on grounds that Subsidized Guardianship is not in the child's best interest or that eligibility requirements have not been met.

I (We) understand and agree that an evaluation of eligibility for this subsidy will be made upon filing of this application and that if the subsidy is approved, a review of continued need will be made annually or as necessary (for all but non-recurring Subsidized Guardianship expense subsidy). The determination will be based on information currently available regarding the child.

I (We) certify that all of the information contained in this declaration is true and correct to the best of my (our) knowledge and that the child named in this document is dependent upon me (us).

Prospective Relative Guardian Signature

Date

Prospective Relative Guardian Signature

Date

Family Service Worker Signature

Date

To be completed by FSW Supervisor:

Subsidized Guardianship Referral approved to be sent to DCFS Permanency Specialist?: Yes No

FSW Supervisor Signature

Date

To be completed by Permanency Specialist or designee:

Upon review of the information contained in this document, I have determined that

All initial eligibility and case plan criteria for the child and relative foster parents named in this document have been met. The child's FSW shall proceed with permanency planning staffing arrangements (per DCFS Procedure VIII-L3: Subsidized Guardianship Determination Meeting).

All eligibility and case plan criteria have not been met. The child's FSW:

- may contact the Permanency Specialist or designee to discuss how to meet said criteria and/or other possible permanency options; or,
- shall deny the family participation in the Subsidized Guardianship Program per DCFS Procedure VIII-L2: Denial of Subsidized Guardianship Arrangement.

Permanency Specialist or Designee Signature: _____

Date _____