



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
 Division of Children and Family Services  
**Notification of Subsidized Guardianship Program Denial**

Date \_\_\_\_\_

Name of Relative Foster Parent(s) \_\_\_\_\_

Dear \_\_\_\_\_:

This letter is to notify you of the denial of your application to the Subsidized Guardianship Program for  
 \_\_\_\_\_  
*Child's Name*

It has been determined by the Division of Children and Family Services that:

- The child has **not** 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 has not been placed in DHS custody per judicial order;
- The child has **not** resided for at least 6 consecutive months in the fully approved foster home of the prospective relative guardian(s);
- Being returned home or adopted may be appropriate permanency options for the child so the Subsidized Guardianship arrangement is **not** in the child's best interest;
- The child does **not** demonstrate a strong attachment to the prospective relative guardian(s) and the guardian(s) does **not** have a strong commitment to caring permanently for the child;
- Each child has **not** been consulted regarding the Subsidized Guardianship arrangement; and,
- Youth 12 and older have **not** signed consent to guardianship and the court has **not** dispensed with the minor's consent in the best interest of the minor.
- Not enough relevant information has been received from the local county office to make a determination of eligibility for a Subsidized Guardianship arrangement.

If you have questions, you may contact the DCFS Permanency Specialist at 501-682-1585 to discuss this matter further.

Respectfully,

\_\_\_\_\_  
 DCFS Permanency Specialist Name

\_\_\_\_\_  
 Foster Care Manager Name

\_\_\_\_\_  
 DCFS Permanency Specialist Signature

\_\_\_\_\_  
 Foster Care Manager Signature