



**Arkansas Department of Human Services  
Division of Children and Family Services  
RECOMMENDATION FOR FINALIZATION OF GUARDIANSHIP**

Nature of Incapacity and Purpose of Guardianship:

Child named herein is a person under age 18 and is entering into a guardianship with his or her relatives named herein in order to exit the child out of foster care and establish legal, permanent connections for the child.

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Race \_\_\_\_\_

Relative Foster Father (to be appointed guardian) Name \_\_\_\_\_

Relative Foster Father (to be appointed guardian) Date of Birth \_\_\_\_\_

Relative Foster Mother (to be appointed guardian) Name \_\_\_\_\_

Relative Foster Mother (to be appointed guardian) Date of Birth \_\_\_\_\_

Child and Relative Foster Family (to be appointed guardian) Residence and Post Office Address  
\_\_\_\_\_

Date Placed in Relative Foster (to be appointed guardian) Residence listed above \_\_\_\_\_

Name and address of person or institution having the care and custody of the incapacitated person:

Interest of petitioner in appointment:

Even though guardianship is being established due to child's age (i.e., under 18 years of age), are there any other known disabilities at this time that would require a guardianship past the age of 18?:

Name and address of others having knowledge about person's disability, if applicable:

Names and addresses of at least one person (or more if directed by court) most closely related to the child by blood or marriage (within the 3<sup>rd</sup> degree of kinship):

Recommendation proposing type, scope, and duration of guardianship:

Approximate value and description of child's property, including any compensation, insurance, or allowance (excluding foster care board payment and/or potential guardianship subsidy) to which he or she may be entitled:

Any facility or agency from which child is receiving services been notified of the proceedings?  Yes  No

If yes, name of facility or agency: \_\_\_\_\_

Is there, in any state, an existing guardian of the child or of the estate of the incompetent?  Yes  No

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**CHECKLIST OF ATTACHMENTS:**

- |   |   |
|---|---|
| <input type="checkbox"/> Relative Foster Parents' home study                | <input type="checkbox"/> Copy of CFS-435-A (for subsidized guardianship only) |
| <input type="checkbox"/> Results of FBI & state records checks              | <input type="checkbox"/> Copy of CFS-435-F (for subsidized guardianship only) |
| <input type="checkbox"/> Copy of CFS-446: In Home Consultation Visit Report | <input type="checkbox"/> Other _____  |

\_\_\_\_\_  
**FSW Name**

\_\_\_\_\_  
**FSW Supervisor Name**

\_\_\_\_\_  
**FSW Signature**

**Date**

\_\_\_\_\_  
**FSW Supervisor Signature**

**Date**

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

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

\_\_\_\_\_  
**Date**