



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
 Division of Children and Family Services  
**Annual Progress Report and Subsidized Guardianship  
 Agreement Review**

*Please complete all sections and return, along with any additional requested documentation, in the provided pre-stamped envelope to the DCFS Permanency Specialist within 30 calendar days.*

**Annual Progress Report**

Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City /State/Zip Code \_\_\_\_\_

Where does \_\_\_\_\_ currently live? (State whether child is living in a group home, private home, or facility and give the name and address of the facility or person with whom they live).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is \_\_\_\_\_'s current health and physical condition? (Please be specific and note if there have been any changes in the last year).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is \_\_\_\_\_'s current mental and social condition?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does \_\_\_\_\_ continue to need a guardian?     Yes                       No

If no, state the reason

\_\_\_\_\_  
 \_\_\_\_\_

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**Requested Subsidized Guardianship Agreement Action**

I/We request *(please check all that apply)*:

- Renewal of the current Subsidized Guardianship Agreement.
- A meeting with DCFS staff to discuss possible changes to the Subsidized Guardianship Agreement because the conditions outlined in the most recent agreement have changed and/or the level of care required for the child has changed.
- Termination of Subsidized Guardianship Agreement and payments.

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**Subsidized Guardianship Review**

I/We certify and assure the Arkansas Department of Human Services that the following is current and accurate and has been so since eligibility was last certified *(please check all that apply)*:

- The child is presently in our/my care and custody, and that the condition(s) for which he/she was initially determined eligible for Subsidized Guardianship Program benefits remain the same, and I/we have attached the required documentation.
- I/We have been and continue to be legally responsible for the child.
- I/We have been and continue to be financially responsible for the child.
- There has **NOT** been a change of name, or change in marital status for the child, nor has the child enlisted in the military, married or otherwise been emancipated.
- My child is not of school age (i.e., in kindergarten or above).
- My child is attending public or private school and the school name is \_\_\_\_\_.
- My child is home schooled in accordance with state law.
- My child is incapable of attending school due to a medical condition documented by a physician.
- Our address and/or phone number has changed.

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*(If applicable, please enter new address including city, state, and zip code and/or new phone number)*

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**Extended Guardianship Assistance Review**

*Only complete this section if you are a guardian of a child who is receiving an extended Subsidized Guardianship (i.e., up to the age of 21) due to the initial Subsidized Guardianship Agreement being finalized after the child turned 16.*

In order for the youth to remain eligible for Subsidized Guardianship through age 21 at least one of the following criteria must be met (*please check all that apply for the child in your care*):

- The child is completing secondary education or a program leading to an equivalent credential; or,
- The child is enrolled in an institution which provides post-secondary or vocational education; or,
- The child is participating in a program or activity designed to promote, or remove barriers to, employment; or,
- The child is employed for at least 80 hours per month; or,
- The child is incapable of doing any of the above described activities due to a medical condition.

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**Signatures and Notarization**

I/We understand that if we knowingly provide false information with regard to this statement or any information that we/I provide to the Department regarding the Subsidized Guardianship Arrangement, could result in our/my having to repay funds to the Department or termination of the Subsidized Guardianship Agreement.

\_\_\_\_\_  
*(Signature of Legal Guardian)* Date \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Legal Guardian)* Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of, \_\_\_\_\_ 20\_\_\_\_\_.

My commission expires \_\_\_\_\_  
\_\_\_\_\_  
*Notary Public*

