

Kinship Caregiver Program Application

A. Kinship Caregiver Identifying Information Please complete for the main caregiver information

<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Initial:</i>
<i>Address:</i>		<i>Zip Code:</i>
<i>City:</i>	<i>County:</i>	<i>State:</i>
<i>Phone (Home/Work/Cell):</i>		<i>Secondary Phone (Home/Work/Cell):</i>
<i>Email Address:</i>		<i>Date of Application:</i>

B. Kinship Child Identifying Information

<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Initial:</i>
<i>Social Security Number:</i>		<i>Date of Birth:</i>
<i>Age:</i>		
<i>Income Source:</i>	<i>Monthly Gross Amount:</i>	<i>Is the Child in receipt of any Public Assistance Benefits: ___NO ___YES, if Yes, what Benefits:</i>

C. Required Verification: Have the following items been verified:

1. Kinship Placement/Custody: YES NO
2. Kinship Child's Income: YES NO
3. Home Assessment Completed: YES NO

See below for an explanation of each:

1. **Kinship Verification** - Provide a copy of your court custody papers which state you are the legal guardian/custodian of each kinship child for whom you are applying. (must meet Kinship Caregiver definition of OAC 5101:85)
2. **Income Verification** - Provide copies of child's income. All income from the last 30 days must be submitted. Any of the following is acceptable:
 - Youth's Benefits Award Letters** - Provide notification of benefits (i.e. SSI, social security, JFS benefits etc.) dated within the last 30 days.
 - Zero Income** - If applicable, complete the attached form and document other means of support, including name, address, and telephone number of the individual(s) providing support to the family.
 - Financial Form (JFS Form 01681)**

D. Request for Assistance Description Briefly describe the assistance you are requesting to help support the kinship child. (Requests will be assessed on an individual basis.)

E. Kinship Caregiver Affirmation and Signature

- I am the legal custodian/guardian of the minor child and the child lives in my home;
- I affirm the information provided on this application is complete and correct to the best of my knowledge;
- I acknowledge that approval is contingent upon the availability of funds;
- I acknowledge that I reviewed the “List of Allowable Expenses” for this program and that I will use the funds to address the needs of the kinship child identified on this application and will do so in an appropriate manner. I further understand that the funds cannot be used to purchase alcohol or tobacco products; and
- If approved, I understand that I must complete re-determination paperwork to be assessed for additional kinship assistance.

<i>Kinship Caregiver (print name)</i>	
<i>Signature of Kinship Caregiver</i>	<i>Date</i>

FOR FCCS and FCDJFS STAFF USE ONLY Do not write below this line

<i>TANF Eligibility Approved by FCDJFS Staff:</i>	<i>Date</i>
<i>Kinship Services Approved by FCCS Kinship Staff:</i>	<i>Date</i>

Application Summary	
Date of Application:	
Date of Approval:	
Amount Approved to be disbursed to the Kinship Caregiver:	
Date of Denial:	
Reason for Denial:	

REMINDER: An Approval or Denial Form MUST BE provided.

Franklin County Kinship Caregiver Program – List of Allowable Expenses:

Program Purpose:

Funding for this program is to provide reasonable and necessary relief of child caring functions so that kinship caregivers, as defined in section 5101.85 of the Revised Code, can provide and maintain a home for a child in place of a child's parents. For this program “relief of child care functions” means services, programs, activities, resources and/or other assistance which eliminate or reduce barriers to maintaining the child in the kinship home and/or that support a kinship caregiver in providing pro-social opportunities for the kinship child. This may include, but is not limited to, covering the costs of child care, respite care and other necessary incidentals incurred when taking on the responsibility of caring for a child unexpectedly. These costs may be one-time purchases or non-current, short-term payments. Goods must be purchased and all services rendered prior to July 1, 2019.

Allowable Services Include:

- Respite care for the kinship caregiver, including licensed child care and counseling;
- Family support services and activities that enable kinship caregivers to provide and maintain a home for a child placed in their care;
- Pro-social activities for the kinship child or family, counseling for child and/or family members;
- Other structured out-of-school programs, services and activities and associated fees, summer camp, and fees, etc.;
- Other programs and services to address developmental or other special needs of a child to promote their development and functioning (i.e. tutoring);
- General expenses to transition/maintain a kinship child in the home (i.e. school supplies/fees, other program/service fees, clothes, bedding, etc.);
- General household expenses related to transitioning or maintaining a kinship child (e.g. rent, utilities, food, bus passes,);
- Crisis assistance (based on unique circumstances of the family);
- Costs and services related to employment, training, and job search and readiness focused around Child Care; and
- Any other kinship child caring costs and services not mentioned above that are identified by FCCS as a need, barrier, or other services included in FCDJFS’ PRC plan.