



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

Subsidized Guardianship Agreement

The following Agreement has been entered into by and between:

Arkansas Department of Human Services, Division of Children and Family Services, P.O. Box 1437, Slot S 565, Little Rock, Arkansas 72203 and

(Guardian Full Name(s))

(Address)

( ) -

(Telephone #)

Hereafter called the "guardian(s)," for the purpose of facilitating the legal guardianship of and:

(Child's Full Name)

(Social Security Number)

(Date of Birth)

To aid the guardians in providing proper care for this child, hereafter referred to as "the child" in this Agreement.

This document is the:

- Initial Agreement: The prospective guardian(s) agree(s) that he/she intends to provide guardianship to the child and has signed this document prior to finalization of guardianship for the purposes of receiving Subsidized Guardianship payments and/or services for the child under Titles XIX and XX from the time of placement.

This Agreement will become effective upon entering of a court order granting guardianship of the child to the guardians and, unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Revision or Termination) of this Agreement, this Agreement will remain in effect until:

- the child's eighteenth (18th) birthday if the agreement is finalized prior to the child reaching 16 years of age; or
the child's twenty-first (21st) birthday if the agreement is finalized after the child has reached 16 years of age but before the child has reached 18 years of age and if the child meets at least one of the following criteria from the age of 18 until the age of 21:
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.

The Agreement will remain in effect without regard to State residency of the relative guardian.

Date of Guardianship Finalization

Amended Agreement: This is an amendment of the Subsidized Guardianship Agreement for the child placed on (Date)

This Agreement will be effective (Date) and remain in effect until (Date)

**PROVISIONS OF AGREEMENT**

**I. Relative Guardian Roles and Responsibilities**

We/I, the relative guardian(s) agree(s):

- A. To continue to provide normal day to day care for the child who is placed with us.
- B. To accept this child as a member of our family with full understanding of his/her needs.
- C. To cooperate with DCFS and keep the DCFS Permanency Specialist aware of adjustment issues.
- D. To continue regular visitation and/or contact with the designated siblings and relatives (when applicable).
- E. To understand that accepting, we are accepting one of a sibling group and that should disruption of placement occur with any of the siblings, we will not attempt to separate them by requesting to keep any one child (when applicable).
- F. To complete and submit, annually, CFS-435-G to the DCFS Permanency Specialist within twenty (20) business days of receipt of CFS-435-G.
- G. To adhere to all other provisions outlined in this Agreement.

**II. DCFS Roles and Responsibilities**

DCFS agrees:

- A. To provide the current foster home board payment until transfer of permanent guardianship at which time the monthly Subsidized Guardianship payment will be provided.
- B. To provide necessary documents at the appropriate time and process those documents in a timely fashion.
- C. To ensure that an annual report to the court is filed by the Office of Chief Counsel on behalf of the guardian(s) and child.
- D. To keep the relative guardian(s) informed of any changes or other information impacting their Subsidized Guardianship Agreement and/or payments.
- E. To adhere to all provisions outlined in this Agreement.

**III. Guardianship Assistance Benefits**

A. Monthly Cash Payment: Yes  No

\$ \_\_\_\_\_ For \_\_\_\_\_ months

Yearly Total \$ \_\_\_\_\_

The payment will be mailed to the relative guardian(s) each month.

The amount of this monthly cash payment (Subsidized Guardianship) is based on the needs of the child and the circumstances of the guardian(s) and has been determined by mutual Agreement between the guardian(s) and the Division. The amount of the payment cannot exceed the foster care maintenance payment for the child if he/she were in a foster family home in the State of Arkansas.

Adjustments in Subsidized Guardianship payments may be made based upon changes in the needs of the child, changes in the circumstances of the guardian(s), or changes in the maximum allowable Subsidized Guardianship payment. Documentation of changes in the child's needs or family's circumstances will be required.

The Division will pay the total cost of non-reoccurring expenses associated with obtaining legal guardianship (supported by Subsidized Guardianship) of the child up to \$2,000.

**B. Medical Coverage**

- 1. Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to any IV-E eligible child in accordance with the procedure of the State in which the child resides.
- 2. Guardians of a non-IV-E eligible child may apply for Medicaid through his or her local county office.

Medical benefits will not be provided as part of this Agreement.

**C. Social Services**

1. Social Services as provided under Title XX of the Social Security Act will be available to the child in accordance with the procedures of the State in which the child resides.
2. Social Services will be provided as appropriate by the State of Arkansas, if not provided by Title XX, regardless of the State in which the child resides.
3. Contact your local Department of Human Services county office to access Title XX services.

**D. Transitional Services**

1. Appropriate Transitional Youth Services are available to children who enter into a Subsidized Guardianship arrangement after attaining 16 years of age but prior to reaching 18 years of age. The purpose of Transitional Youth Services (TYS) is to better prepare youth for successful transition to adulthood and to ensure that youth have access to an array of resources.
2. Contact your local Department of Human Services county office to learn more about Transitional Youth Services.

**E. Procedures to be Followed when Moving from the State of Arkansas**

Guardian(s) must follow these procedures in order to receive guardianship assistance medical coverage and social services when moving to or living in a state other than Arkansas.

1. Medical Coverage
  - a) At least ten (10) days prior to the planned move the guardian(s) should contact the DCFS Permanency Specialist in the Arkansas DHS/DCFS Foster Care Unit.
  - b) Upon arrival in the new resident state contact the local state Medicaid office to surrender the Medicaid card issued by the State of Arkansas and make application for Medicaid in the new resident state.
  - c) Take a copy of this Agreement with you.
2. Social Services
  - a) Contact the state agency responsible for the provision of social services in your new resident state as appropriate.
  - b) Take a copy of this Agreement with you.
3. Transitional Services
  - a) Contact the state agency responsible for the provision of transitional services in your new resident state.
  - b) Take a copy of this Agreement with you.

**II. Notification of Change to the Guardianship Assistance Agreement and/or Payments**

- A. The guardian(s) will notify the Division, in writing, within five (5) days if guardian(s) is/are no longer legally responsible for the support of the child or is/are no longer supporting the child. A written statement is required.
- B. The amount of the subsidy may be adjusted automatically due to increases in age of the child. These are system-generated adjustments and no notice will be sent.
- C. Guardian(s) shall notify the Division of changes of address at least ten (10) days prior to the move.

**III. Annual Progress Report and Subsidized Guardianship Agreement Review and Subsidy Eligibility**

For Subsidized Guardianships, verification of circumstances to continue the subsidy must be documented annually via CFS-435-G: Annual Progress Report and Subsidized Guardianship Agreement Review. The DCFS Permanency Specialist will send this form to the guardian(s) each year that this Agreement is in place approximately 60 business calendar days prior to the anniversary date of the finalization of the family's current Subsidized Guardianship Agreement. The guardians will return the completed CFS-435-G and any supporting documentation requested within 30~~20~~ business-calendar days of receipt of the CFS-435-G.

#### IV. Revision or Termination

The Subsidized Guardianship Agreement and, consequently the Subsidized Guardianship payments, shall be terminated or modified:

- A. If the child is absent from the relative guardian home for more than 14 days in a month (in such an event, the child will be eligible for only a portion of the month that he or she was in the relative guardian home) excluding when a child 18 or older lives in an approved independent living situation outside of the home (e.g., college dorm); or,
- B. When the terms of the Subsidized Guardianship Agreement are fulfilled; or,
- C. If the child begins receiving SSI, SSA, or any other source of income (the relative guardian is responsible for notifying the Division if the child begins receiving other sources of income) excluding any income that the child may earn from his or her own employment;
- D. If the child has attained the age of 18 for those who entered into the Subsidized Guardianship arrangement prior to the age of 16; or,
- E. If the child has attained the age of 21 for those who entered into the Subsidized Guardianship arrangement at the age of 16 or older; or,
- F. If the child who has an extended subsidy (i.e., up to age 21) does not meet the education or employment conditions outlined on page 1 of this agreement; or,
- G. If the child becomes an emancipated minor; or,
- H. If the child marries; or,
- I. If the child enlists in the military; or,
- J. If the relative guardian(s) are no longer legally or financially responsible for the support of the child; or,
- K. If the guardian(s) die; or,
- L. If the guardianship is vacated; or,
- M. If the child dies.

In addition, if a youth is receiving Subsidized Guardianship payments and re-enters DHS custody, the Subsidized Guardianship Agreement will be terminated until such time that the child is reunified with the relative guardian(s).

Subsidized Guardianship payments may continue to be paid on behalf of the youth if the youth moves out of the relative guardianship's home or otherwise lives independently of the guardian (s) as long as the guardian(s) continue to provide support to the youth as evidenced by supporting documentation requested by the DHS/DCFS Foster Care Unit.

#### V. Adoption

The child/youth shall retain eligibility for federal adoption assistance payments under the Title IV-E, provided he or she was eligible for federal adoption assistance payments when the Subsidized Guardianship Agreement was negotiated, if the guardian later decides to adopt the child.

#### VI. Successor Guardian

In the event that the relative guardian(s) of the child dies or is no longer able to care for the child, the relative guardian(s) may identify in this Agreement a successor guardian to potentially assist in expediting permanency for the child if and when the relative guardian can no longer fulfill guardianship responsibilities.

A successor guardian and all household members within that individual's home must clear applicable Child Maltreatment Central Registry checks, applicable State Police Criminal Record checks, and a Vehicle Safety Check before being identified as a potential successor guardian in the Subsidized Guardianship Agreement or in any amendments to the Subsidized Guardianship Agreement.

Identification of a successor guardian in the Subsidized Guardianship Agreement will not guarantee an automatic transfer of guardianship in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. In order for the successor guardian to assume guardianship, he or she must follow all policies and procedures regarding Subsidized Guardianship arrangements. This includes becoming an approved DCFS foster home placement for the child (if appropriate at that point in time) prior to exploring legal guardianship supported by the Subsidized Guardianship Program.

If the above successor guardian requirements have been met and all supporting documentation is filed in the provider record, please enter the successor guardian information below:

\_\_\_\_\_  
Successor Guardian Full Name(s)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone #)

**VII. Appeal**

Guardian(s) may appeal the Division's decision to deny, terminate, or modify their child's Subsidized Guardianship Agreement and/or payments in accordance with the rules and procedures of the State's fair hearing and appeal process. The relative guardian(s) must appeal an adverse decision within (30) calendar days of written notice of adverse action. To request an administrative hearing, the relative guardian(s) must mail a copy of the form notifying them of adverse action along with the request to:

Office of Appeals & Hearings  
Slot N401, P.O. Box 1437  
Little Rock, AR 72203

Guardianship Assistance payments will not continue pending the determination of an appeal. Families who receive a favorable ruling in their hearing may be entitled to assistance that had been suspended.

Effective date for Titles XIX and XX: **UPON FINALIZATION OF GUARDIANSHIP**

\_\_\_\_\_  
Director's Signature  
Division of Children and Family Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Successor Guardian's Signature (if identified in Section VI)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Successor Guardian's Signature (if identified in Section VI)

\_\_\_\_\_  
Date

Signed copy of the Subsidized Guardianship Agreement given/sent to relative guardian(s) on \_\_\_\_\_

\_\_\_\_\_  
Date



ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILDREN AND FAMILY SERVICES

Subsidized Guardianship Agreement

The following Agreement has been entered into by and between:

Arkansas Department of Human Services, Division of Children and Family Services, P.O. Box 1437, Slot S 565, Little Rock, Arkansas 72203 and

(Guardian Full Name(s))

(Address)

(Telephone #)

Hereafter called the "guardian(s)," for the purpose of facilitating the legal guardianship of and:

(Child's Full Name) (Social Security Number) (Date of Birth)

To aid the guardians in providing proper care for this child, hereafter referred to as "the child" in this Agreement.

This document is the:

Initial Agreement: The prospective guardian(s) agree(s) that he/she intends to provide guardianship to the child and has signed this document prior to finalization of guardianship for the purposes of receiving Subsidized Guardianship payments and/or services for the child under Titles XIX and XX from the time of placement.

This Agreement will become effective upon entering of a court order granting guardianship of the child to the guardians and, unless termination of the Agreement occurs as a result of one or more conditions set forth in Section IV (Revision or Termination) of this Agreement, this Agreement will remain in effect until:

- the child's eighteenth (18th) birthday if the agreement is finalized prior to the child reaching 16 years of age; or
the child's twenty-first (21st) birthday if the agreement is finalized after the child has reached 16 years of age but before the child has reached 18 years of age and if the child meets at least one of the following criteria from the age of 18 until the age of 21:
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.

The Agreement will remain in effect without regard to State residency of the relative guardian.

Date of Guardianship Finalization

Amended Agreement: This is an amendment of the Subsidized Guardianship Agreement for the child placed on (Date)

This Agreement will be effective (Date) and remain in effect until (Date)

**PROVISIONS OF AGREEMENT**

**I. Relative Guardian Roles and Responsibilities**

We/I, the relative guardian(s) agree(s):

- A. To continue to provide normal day to day care for the child who is placed with us.
- B. To accept this child as a member of our family with full understanding of his/her needs.
- C. To cooperate with DCFS and keep the DCFS Permanency Specialist aware of adjustment issues.
- D. To continue regular visitation and/or contact with the designated siblings and relatives (when applicable).
- E. To understand that accepting, we are accepting one of a sibling group and that should disruption of placement occur with any of the siblings, we will not attempt to separate them by requesting to keep any one child (when applicable).
- F. To complete and submit, annually, CFS-435-G to the DCFS Permanency Specialist within twenty (20) business days of receipt of CFS-435-G.
- G. To adhere to all other provisions outlined in this Agreement.

**II. DCFS Roles and Responsibilities**

DCFS agrees:

- A. To provide the current foster home board payment until transfer of permanent guardianship at which time the monthly Subsidized Guardianship payment will be provided.
- B. To provide necessary documents at the appropriate time and process those documents in a timely fashion.
- C. To ensure that an annual report to the court is filed by the Office of Chief Counsel on behalf of the guardian(s) and child.
- D. To keep the relative guardian(s) informed of any changes or other information impacting their Subsidized Guardianship Agreement and/or payments.
- E. To adhere to all provisions outlined in this Agreement.

**III. Guardianship Assistance Benefits**

A. Monthly Cash Payment: Yes  No

\$ \_\_\_\_\_ For \_\_\_\_\_ months

Yearly Total \$ \_\_\_\_\_

The payment will be mailed to the relative guardian(s) each month.

The amount of this monthly cash payment (Subsidized Guardianship) is based on the needs of the child and the circumstances of the guardian(s) and has been determined by mutual Agreement between the guardian(s) and the Division. The amount of the payment cannot exceed the foster care maintenance payment for the child if he/she were in a foster family home in the State of Arkansas.

Adjustments in Subsidized Guardianship payments may be made based upon changes in the needs of the child, changes in the circumstances of the guardian(s), or changes in the maximum allowable Subsidized Guardianship payment. Documentation of changes in the child's needs or family's circumstances will be required.

The Division will pay the total cost of non-reoccurring expenses associated with obtaining legal guardianship (supported by Subsidized Guardianship) of the child up to \$2,000.

**B. Medical Coverage**

- 1. Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to any IV-E eligible child in accordance with the procedure of the State in which the child resides.
- 2. Guardians of a non-IV-E eligible child may apply for Medicaid through his or her local county office.

Medical benefits will not be provided as part of this Agreement.

**C. Social Services**

1. Social Services as provided under Title XX of the Social Security Act will be available to the child in accordance with the procedures of the State in which the child resides.
2. Social Services will be provided as appropriate by the State of Arkansas, if not provided by Title XX, regardless of the State in which the child resides.
3. Contact your local Department of Human Services county office to access Title XX services.

**D. Transitional Services**

1. Appropriate Transitional Youth Services are available to children who enter into a Subsidized Guardianship arrangement after attaining 16 years of age but prior to reaching 18 years of age. The purpose of Transitional Youth Services (TYS) is to better prepare youth for successful transition to adulthood and to ensure that youth have access to an array of resources.
2. Contact your local Department of Human Services county office to learn more about Transitional Youth Services.

**E. Procedures to be Followed when Moving from the State of Arkansas**

Guardian(s) must follow these procedures in order to receive guardianship assistance medical coverage and social services when moving to or living in a state other than Arkansas.

1. Medical Coverage
  - a) At least ten (10) days prior to the planned move the guardian(s) should contact the DCFS Permanency Specialist in the Arkansas DHS/DCFS Foster Care Unit.
  - b) Upon arrival in the new resident state contact the local state Medicaid office to surrender the Medicaid card issued by the State of Arkansas and make application for Medicaid in the new resident state.
  - c) Take a copy of this Agreement with you.
2. Social Services
  - a) Contact the state agency responsible for the provision of social services in your new resident state as appropriate.
  - b) Take a copy of this Agreement with you.
3. Transitional Services
  - a) Contact the state agency responsible for the provision of transitional services in your new resident state.
  - b) Take a copy of this Agreement with you.

**II. Notification of Change to the Guardianship Assistance Agreement and/or Payments**

- A. The guardian(s) will notify the Division, in writing, within five (5) days if guardian(s) is/are no longer legally responsible for the support of the child or is/are no longer supporting the child. A written statement is required.
- B. The amount of the subsidy may be adjusted automatically due to increases in age of the child. These are system-generated adjustments and no notice will be sent.
- C. Guardian(s) shall notify the Division of changes of address at least ten (10) days prior to the move.

**III. Annual Progress Report and Subsidized Guardianship Agreement Review and Subsidy Eligibility**

For Subsidized Guardianships, verification of circumstances to continue the subsidy must be documented annually via CFS-435-G: Annual Progress Report and Subsidized Guardianship Agreement Review. The DCFS Permanency Specialist will send this form to the guardian(s) each year that this Agreement is in place approximately 60 calendar days prior to the anniversary date of the finalization of the family's current Subsidized Guardianship Agreement. The guardians will return the completed CFS-435-G and any supporting documentation requested within 30 calendar days of receipt of the CFS-435-G.



#### **IV. Revision or Termination**

The Subsidized Guardianship Agreement and, consequently the Subsidized Guardianship payments, shall be terminated or modified:

- A. If the child is absent from the relative guardian home for more than 14 days in a month (in such an event, the child will be eligible for only a portion of the month that he or she was in the relative guardian home) excluding when a child 18 or older lives in an approved independent living situation outside of the home (e.g., college dorm); or,
- B. When the terms of the Subsidized Guardianship Agreement are fulfilled; or,
- C. If the child begins receiving SSI, SSA, or any other source of income (the relative guardian is responsible for notifying the Division if the child begins receiving other sources of income) excluding any income that the child may earn from his or her own employment;
- D. If the child has attained the age of 18 for those who entered into the Subsidized Guardianship arrangement prior to the age of 16; or,
- E. If the child has attained the age of 21 for those who entered into the Subsidized Guardianship arrangement at the age of 16 or older; or,
- F. If the child who has an extended subsidy (i.e., up to age 21) does not meet the education or employment conditions outlined on page 1 of this agreement; or,
- G. If the child becomes an emancipated minor; or,
- H. If the child marries; or,
- I. If the child enlists in the military; or,
- J. If the relative guardian(s) are no longer legally or financially responsible for the support of the child; or,
- K. If the guardian(s) die; or,
- L. If the guardianship is vacated; or,
- M. If the child dies.

In addition, if a youth is receiving Subsidized Guardianship payments and re-enters DHS custody, the Subsidized Guardianship Agreement will be terminated until such time that the child is reunified with the relative guardian(s).

Subsidized Guardianship payments may continue to be paid on behalf of the youth if the youth moves out of the relative guardianship's home or otherwise lives independently of the guardian (s) as long as the guardian(s) continue to provide support to the youth as evidenced by supporting documentation requested by the DHS/DCFS Foster Care Unit.

#### **V. Adoption**

The child/youth shall retain eligibility for federal adoption assistance payments under the Title IV-E, provided he or she was eligible for federal adoption assistance payments when the Subsidized Guardianship Agreement was negotiated, if the guardian later decides to adopt the child.

#### **VI. Successor Guardian**

In the event that the relative guardian(s) of the child dies or is no longer able to care for the child, the relative guardian(s) may identify in this Agreement a successor guardian to potentially assist in expediting permanency for the child if and when the relative guardian can no longer fulfill guardianship responsibilities.

A successor guardian and all household members within that individual's home must clear applicable Child Maltreatment Central Registry checks, applicable State Police Criminal Record checks, and a Vehicle Safety Check before being identified as a potential successor guardian in the Subsidized Guardianship Agreement or in any amendments to the Subsidized Guardianship Agreement.

Identification of a successor guardian in the Subsidized Guardianship Agreement will not guarantee an automatic transfer of guardianship in the event that the current relative guardian is no longer able to fulfill guardianship responsibilities. In order for the successor guardian to assume guardianship, he or she must follow all policies and procedures regarding Subsidized Guardianship arrangements. This includes becoming an approved DCFS foster home placement for the child (if appropriate at that point in time) prior to exploring legal guardianship supported by the Subsidized Guardianship Program.

If the above successor guardian requirements have been met and all supporting documentation is filed in the provider record, please enter the successor guardian information below:

\_\_\_\_\_  
Successor Guardian Full Name(s))

\_\_\_\_\_  
(Address) ( ) -  
(Telephone #)

**VII. Appeal**

Guardian(s) may appeal the Division's decision to deny, terminate, or modify their child's Subsidized Guardianship Agreement and/or payments in accordance with the rules and procedures of the State's fair hearing and appeal process. The relative guardian(s) must appeal an adverse decision within (30) calendar days of written notice of adverse action. To request an administrative hearing, the relative guardian(s) must mail a copy of the form notifying them of adverse action along with the request to:

Office of Appeals & Hearings  
Slot N401, P.O. Box 1437  
Little Rock, AR 72203

Guardianship Assistance payments will not continue pending the determination of an appeal. Families who receive a favorable ruling in their hearing may be entitled to assistance that had been suspended.

Effective date for Titles XIX and XX: **UPON FINALIZATION OF GUARDIANSHIP**

\_\_\_\_\_  
Director's Signature Date  
Division of Children and Family Services

\_\_\_\_\_  
Guardian's Signature Date

\_\_\_\_\_  
Guardian's Signature Date

\_\_\_\_\_  
Successor Guardian's Signature (if identified in Section VI) Date

\_\_\_\_\_  
Successor Guardian's Signature (if identified in Section VI) Date

Signed copy of the Subsidized Guardianship Agreement given/sent to relative guardian(s) on \_\_\_\_\_  
Date



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
Division of Children and Family Services

**Annual Progress Report and Subsidized Guardianship  
Agreement Review**

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*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.*

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**Instructions:**

*Sections A, B and D are to be completed by the guardian regardless of the age of the child in his or her care.*

*Section C is to be completed by 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 attained the age of 16.*

*Section E is to be completed by the DCFS Permanency Specialist who will return a copy of this completed form to the family.*

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**Section A: Annual Progress Report**

Guardian's Name                      Address                      City/State/Zip Code

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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).

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

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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):*

Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

- R/We request renewal of the current Subsidized Guardianship Agreement.
- A/We request a conference 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.
- T/We request termination of Subsidized Guardianship Agreement and payments.

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**Section B: 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)*:

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- 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.

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

**Section C- 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.*

To be eligible for extended Subsidized Guardianship, the guardian had to have entered into the Subsidized Guardianship Agreement on or after the child's 16th birthday. 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*):

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- 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.

**Section D: 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*

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**Section E: Approval** *(to be completed by the DCFS Permanency Specialist)*

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Support documentation received:  Yes  No

Comments:

Approval time frame of this renewal -- \_\_\_\_\_ -- to \_\_\_\_\_

--- (Effective Start Date)

--- (End Date)

The daily rate for this renewal is \$ \_\_\_\_\_

The next renewal is due by the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ provided there is no revision.

For: Enter Child's Name \_\_\_\_\_ CHRIS ID: \_\_\_\_\_

Funding:  IV-E  State

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Approval for continued subsidized guardianship agreement and payments not granted due to insufficient documentation and/or lack of response to complete CFS-435-G as required. CFS-435-H: Modification or Termination of Subsidized Guardianship Agreement will be sent to guardians.

\_\_\_\_\_  
*DCFS Permanency Specialist or Designee Signature*

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





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).

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

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

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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*

**Approval** (to be completed by the DCFS Permanency Specialist)

Support documentation received:  Yes  No

Comments:

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Approval time frame of this renewal \_\_\_\_\_ to \_\_\_\_\_  
(Effective Start Date) (End Date)

The daily rate for this renewal is \$ \_\_\_\_\_

The next renewal is due by the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ provided there is no revision.

For: Enter Child's Name

CHRIS ID:

Funding:  IV-E  State

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Approval for continued subsidized guardianship agreement and payments not granted due to insufficient documentation and/or lack of response to complete CFS-435-G as required. CFS-435-H: Modification or Termination of Subsidized Guardianship Agreement will be sent to guardians.

\_\_\_\_\_  
*DCFS Permanency Specialist or Designee Signature*

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



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
Division of Children and Family Services  
**Notice of Modification or Termination to  
Subsidized Guardianship Agreement**

Date \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_

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

This is to notify you that as of \_\_\_\_\_ the Subsidized Guardianship Agreement and benefits paid under the agreement on behalf of \_\_\_\_\_ have been:

Modified \_\_\_\_\_  
(Please provide description of modification)

Terminated

The Subsidized Guardianship Agreement and associated payments have been modified or terminated for the following reason(s):

- Changes in the child's circumstances have altered the level of care required for the child.
- Changes to the child's income have necessitated a revision to the guardianship subsidy.
- You are no longer legally responsible for the child's care due to a change in the legal status of the child prior to reaching the age of 18;
- You are no longer providing any care and/or financial support to the child;
- You did not submit 435-G: Annual Progress Report and Subsidized Guardianship Review and/or required supporting documentation when requested and as outlined in your Subsidized Guardianship Agreement.
- We have received notification that an annual report was not submitted to the court as outlined in your Subsidized Guardianship Agreement.
- You did not adhere to other provisions outlined in your Subsidized Guardianship Agreement.
- The child is over the age of 18 and receiving extended Subsidized Guardianship benefits and no longer meets, or the parents fail to submit documentation sufficient to demonstrate, that the child meets the educational or vocational requirements of this Agreement.
- The child was mistakenly determined eligible for benefits;

- You have requested termination of the Subsidized Guardianship Agreement and associated benefits;
- Other

Additional Permanency Specialist comments:

You have a right to appeal this decision within 30 calendar days of receiving this notice. To request an administrative hearing, you must mail a copy of this form along with your request to:

Office of Appeals & Hearings  
Slot N 401, P.O. Box 1437  
Little Rock, AR 72203

Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing. You have the right to an attorney; if you cannot afford one you should contact Legal Services.

For more information, please contact the DCFS Permanency Specialist at 501-682-1585.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Manager or Designee Signature

\_\_\_\_\_  
Date



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
Division of Children and Family Services  
**Notice of Modification or Termination to  
Subsidized Guardianship Agreement**

Date \_\_\_\_\_

Guardian Name(s): \_\_\_\_\_

Address \_\_\_\_\_

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

This is to notify you that as of \_\_\_\_\_ the Subsidized Guardianship Agreement and benefits paid under the agreement on behalf of \_\_\_\_\_ have been:

Modified \_\_\_\_\_  
(Please provide description of modification)

Terminated

The Subsidized Guardianship Agreement and associated payments have been modified or terminated for the following reason(s):

- Changes in the child's circumstances have altered the level of care required for the child.
- Changes to the child's income have necessitated a revision to the guardianship subsidy.
- You are no longer legally responsible for the child's care due to a change in the legal status of the child prior to reaching the age of 18;
- You are no longer providing any care and/or financial support to the child;
- You did not submit 435-G: Annual Progress Report and Subsidized Guardianship Review and/or required supporting documentation when requested and as outlined in your Subsidized Guardianship Agreement.
- We have received notification that an annual report was not submitted to the court as outlined in your Subsidized Guardianship Agreement.
- You did not adhere to other provisions outlined in your Subsidized Guardianship Agreement.
- The child is over the age of 18 and receiving extended Subsidized Guardianship benefits and no longer meets, or the parents fail to submit documentation sufficient to demonstrate, that the child meets the educational or vocational requirements of this Agreement.
- The child was mistakenly determined eligible for benefits;



- You have requested termination of the Subsidized Guardianship Agreement and associated benefits;
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For more information, please contact the DCFS Permanency Specialist at 501-682-1585.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Care Manager or Designee Signature

\_\_\_\_\_  
Date