

## **GUARDIANSHIP ASSISTANCE AGREEMENT BETWEEN THE DEPARTMENT OF** CHILDREN AND FAMILIES AND GUARDIANS REGARDING PAYMENTS AND **SERVICES**

Certification:		Region:		Effective Date:		
Name of Guardian 1:			Name of Guardian 2:			
Address of Guar						Telephone:
Type of Payment			Amount of Pay		Non-Recurring Expense	s Projected Cost
☐ Guardianship: IV-E			\$	☐ Yes	LEGAL COST	\$
		\$		TRAVEL COST	\$	
☐ Guardianship: TANF			\$	□ No	OTHER	\$
			\$		Total Projected Cost:	\$
Guardianship: State Funded/General Revenue			\$		Description of Other:	
			\$		Becompaint of Caron.	
	· ,	e a Successor Guar				
Do the guardian(s	s) and child elect	to opt into the Exter	nsion of Guardia	nship Assistance P	rogram? 🗌 Yes 🔲 No 🛚	□ N/A
*Only applical	ole to a child wh	o is age 14-17 whe	n the initial agr	eement is signed.		
The child will receptorida.  If we currently live responsible for the assist my family in the live of	in, or subseque provision of Me provision of Me securing Medical service bursed for non-ith the department in amount of the cleent is paid with ANF can continuance of the payne department in ill terminate upoments provided ill terminate upomill terminate who ill terminate who is subject to charstance payment appeal the dep	ently move to anothedicaid services. Coaid benefits in my providers when the recurring guardiantent.  I department of a clamediately of any hild's payment but Temporary Assist nue as the funding yment.  I mmediately in the conclusion of the death of incomposite the death of the	under Title XIX her state in the The lead commy state of reside ey are available aship expenses hange of addreschange in third will be used to ance to Needy source for the event there is a of its terms; or the event will terminal apacity of the guarante to hild. Ithat the child is that the child is with changes in to change or to	USA, and the chil unity-based care ence. I can contact the in reasonable property to \$2000, assess.  party benefits an determine the approximate (TANF) child's payment.  any change of circular child ardian(s) if no substantial is no longer the less no longer received at the state or federal in the child is state or federal in the child is state or federal in the child is no longer received at the child is not longer the less at the child is not longer received at the child is not longer the less at the child is not longer received at the child is not longer the child is not	d is Title IV-E eligible, the agency (CBC) which place the CBC at (address):  Phone #:  oximity to our home.  sociated with obtaining led other income to the chipropriate funding source funding, we (I) will receive the source of funding for	gal guardianship of the child  Id. We (I) understand that this e a letter annually to assist the child's payment does child's continued need for of the guardian(s). ed. uardian(s). cdian(s). urding payment of
ature of Guardia	ı 1		Date Signed	Signature of G	uardian 2	Date Signed

Title

Date Signed

Signature of DCF Representative