

## KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KINGAP) AND GUARDIAN ASSISTANCE PROGRAM (GAP) ELIGIBILITY AND DETERMINATION CHECKLIST

IDENTIFYING INFORMATION			
<b>Youth's Name:</b>	<b>Date of Birth:</b>		
<b>Race:</b> American Indian/Alaskan Native Black/African American Native Hawaiian/Other Pacific Islander White/Caucasian Unknown Abandoned Declined	<b>Ethnicity:</b> Hispanic or Latino Not Hispanic of Latino Unknown Declined	<b>Sex:</b> Female Male	
Date of <b>Legal Responsibility:</b>			
Date Guardianship with this Individual(s) Became the Permanent Plan:			
CITIZENSHIP OF CHILD <i>(Select One)</i>			
<ul style="list-style-type: none"> <li>• US Citizen/Naturalized Citizen</li> <li>• Qualified Alien (Alien Registration # _____ )</li> </ul>			
KinGAP VERSUS GAP ELIGIBILITY DISTINCTION		Yes	No
Is the prospective legal guardian a relative* of the child?  *Relative is defined as a person who is related to the minor child by blood, marriage, adoption, or an individual that has a substantial relationship with the minor child or the minor child's parent(s) prior to the child being placed in foster care			
a. If <b>YES</b> , complete the information below and complete KinGAP Eligibility Requirements (Parts I-IV). Name(s) of prospective relative legal guardian(s):  Description of relationship between relative legal guardian(s) and youth:			
b. If <b>NO</b> , proceed to page 5 and complete GAP Eligibility Requirements (Parts V-VII).			

## KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KinGAP) FORMS

PART I. KinGAP ELIGIBILITY REQUIREMENTS	Yes	No
<p>Youth is currently in the legal custody of a North Carolina county child welfare agency;</p> <p><b>If the answer is NO, proceed to PART II. KinGAP ELIGIBILITY REQUIREMENTS – SUCCESSOR GUARDIAN to determine eligibility requirements.</b></p>		
<p>The youth was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the youth.</p>		
<p><b>A determination has been made</b> that reunification and adoption are <i>not appropriate</i> permanency options for the youth. <b>Date of determination:</b></p> <p>The Permanency Planning Family Case Plan (DSS-5240), Permanency Planning Review (DSS-5241), and court report <i>must demonstrate the following</i> (This documentation is a federal requirement (see <a href="#">Social Security Act §475</a>)):</p> <ol style="list-style-type: none"> <li>i. The steps that the agency has taken to determine that it is not appropriate for the child to be reunified or adopted;</li> <li>ii. The reasons for any separation of siblings during placement;</li> <li>iii. The reasons why a permanent placement with a fit and willing relative through a kinship guardianship arrangement is in the child’s best interests;</li> <li>iv. The ways in which the child meets the eligibility requirements for a KinGAP payment;</li> <li>v. The efforts the agency has made to discuss adoption by the child’s relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reasons therefore; and</li> <li>vi. The efforts made by the agency to discuss with the child’s parent or parents the kinship guardianship arrangement, or the reasons why the efforts were not made.</li> </ol>		
<p>The youth has been placed in the <b>licensed</b> home of the <b>relative</b> guardian for a <b>minimum of six consecutive months</b> during which the youth has been eligible for and the relative guardian has received foster care maintenance payments pursuant to <a href="#">42 U.S.C § 672</a>.</p>		
<p>The youth is at least <b>10</b> years of age but has not reached his or her 18th birthday and demonstrates a strong attachment to the <b>licensed</b> legal <b>relative</b> guardian and <b>if age 14</b>, has been consulted regarding the guardianship arrangement; or</p> <p>The youth is not yet <b>10</b> years of age but is being placed in a legal guardianship arrangement with a sibling who meets the age requirement.</p> <p>The relative guardian is eligible to be appointed prospective legal guardian pursuant to <a href="#">G.S. 7B-600(b)</a> and has a strong commitment to caring permanently for the child or youth.</p>		
<p>The <b>relative</b> guardian has met the criteria for a <b>licensed</b> foster or adoptive parent for Fingerprints based on criminal record check. Date(s) of SBI clearance:</p>		
<p>RIL Date(s)</p> <p>Include 050/060 printouts unless the provider is licensed with a private agency—in that case, only the DSS-5268 form is required.</p>		
<p><b>All of the criteria listed above must be met for the youth to qualify for KINGAP benefits. For qualifying children/ youths, the DSS-1810 must also be signed/ dated by all parties prior to the order of guardianship being entered (can be same day).</b></p>		

<b>PART II. KinGAP ELIGIBILITY REQUIREMENTS – SUCCESSOR GUARDIAN</b>		<b>Yes</b>	<b>No</b>
<b><i>This section should only be completed in the event that the originally appointed Relative Guardian is deceased or no longer able to serve as the court-appointed legal relative guardian of the youth.</i></b>			
The youth was previously determined to be eligible for guardianship assistance and guardianship was granted to the individual originally identified. Youth is now entering into a legal guardianship arrangement with a newly named successor guardian.			
The originally identified guardian is deceased or incapacitated, and no longer able to provide care to the youth.			
The prospective successor guardian has a strong commitment to caring permanently for the youth.			
The agency has completed <b>RIL (to include 050/060 printouts) and fingerprint-based criminal record</b> and other necessary safety checks on the prospective successor guardian. <i>Payments cannot begin until this is met.</i>			
<b><i>To qualify for KinGAP benefits with a Successor Guardian, all of the criteria listed above must be met.</i></b>			
<b><i>If a child or youth has a newly appointed Successor Guardian, a new DSS-1810 form must be signed and dated by all parties before the guardianship order is entered (this can happen on the same day). The original Successor Guardian should complete the new DSS-1810 as the prospective legal guardian.</i></b>			

<b>PART III. KinGAP ASSISTANCE BENEFITS</b>
<i>If <b>YES</b> to all the prompts in Parts I and II (if applicable), the youth is eligible to receive the following KinGAP benefits:</i>
<ol style="list-style-type: none"> <li><b>Monthly Payment:</b> Youth receiving KinGAP monthly payments receive the funding through either IV-E or IV-B. Please indicate the appropriate funding source below:            Youth is eligible for IV-E (youth is IV-E eligible for foster care benefits).            Youth is eligible for IV-B (youth is eligible for State-funded foster care benefits).</li> <li><b>Non-recurring costs associated with obtaining legal guardianship</b> (Available up to \$2,000 for any expenses not covered by the child welfare agency as part of the juvenile court process)</li> <li><b>Medicaid</b> (The guardian will need to communicate with the Medicaid department to complete the necessary paperwork to verify eligibility for Medicaid).</li> <li><b>Social Services</b> (Services that may be helpful in keeping the family system intact).  <a href="#">Regional Post Permanency Support Services</a> Provider identified for family:</li> </ol>

**Part IV. NOTICE OF RIGHT TO APPEAL**

*Licensed guardians may appeal the Agency's decision to deny any or all components of KinGAP/GAP. Information as to procedures to follow in filing an appeal may be requested from this Agency or any NC county DSS.*

Agency Representative Name

Agency Representative Signature

Name of Prospective Legal Guardian 1

Signature of Prospective Legal Guardian 1

Name of Prospective Legal Guardian 2

Signature of Prospective Legal Guardian 2

Date of DSS-1813 completion

Date GAP benefits were discussed with prospective legal guardian(s)

## GUARDIANSHIP ASSISTANCE PROGRAM (GAP) FORMS

PART V. GAP ELIGIBILITY REQUIREMENTS	Yes	No
Youth is currently in the legal custody of a North Carolina county child welfare agency;		
The youth was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the youth.		
<p>A determination has been made that the child is unlikely to achieve permanency through reunification or adoption.</p> <p>Date of determination:</p> <p>The Permanency Planning Family Case Plan (DSS-5240), Permanency Planning Review (DSS-5241), and court report <i>must demonstrate the following</i> (This documentation is a federal requirement (see <a href="#">Social Security Act §475</a>):</p> <ol style="list-style-type: none"> <li>i. The steps that the agency has taken to determine that it is not appropriate for the child to be reunified or adopted;</li> <li>ii. The reasons for any separation of siblings during placement;</li> <li>iii. The reasons why a guardianship arrangement is in the child's best interests;</li> <li>iv. The ways in which the child meets the eligibility requirements for GAP payment;</li> <li>v. The efforts the agency has made to discuss adoption by the child's foster parent as a more permanent alternative to legal guardianship and, in the case of a foster parent who has chosen not to pursue adoption, documentation of the reasons therefor; and</li> <li>vi. The efforts made by the agency to discuss with the child's parent or parents the guardianship arrangement, or the reasons why the efforts were not made.</li> </ol>		
The youth has been placed in the <b>licensed</b> home of the guardian for a <b>minimum of six consecutive months</b> during which the youth has been eligible for and the guardian has received foster care maintenance payments pursuant to <a href="#">42 17 U.S.C. § 672</a> .		
<p>The youth is at least <b>10</b> years of age but has not reached his or her 18th birthday and demonstrates a strong attachment to the <b>licensed prospective</b> legal guardian and <b>if age 14</b>, has been consulted regarding the guardianship arrangement; or</p> <p style="text-align: center;"><b><u>NOTE:</u></b> A child under 10 is <b><u>NOT</u></b> eligible for GAP if their sibling qualifies.</p>		
The guardian is eligible to be appointed prospective legal guardian pursuant to <a href="#">G.S. 7B-600(b)</a> and has a strong commitment to caring permanently for the child or youth.		
<p>The guardian has met the criteria for a <b>licensed</b> foster or adoptive parent for Fingerprints based on criminal record check.</p> <p>Date(s) of SBI clearance:</p>		
<p>RIL Date(s):</p> <p>Include 050/060 printouts unless the provider is licensed with a private agency—in that case, only the DSS-5268 form is required.</p>		
<b><i>All of the criteria listed above must be met for the youth to qualify for guardianship assistance benefits. For qualifying children/ youths, the DSS-1810 must also be signed/ dated by all parties prior to the order of guardianship being entered (can be same day).</i></b>		

**PART VI. GAP ASSISTANCE BENEFITS**

*If YES to all the prompts in Part V, the youth is eligible to receive the following GAP benefits:*

1. **Monthly Payment:** Youth receiving GAP monthly payments receive the funding through state funds.
2. **Non-recurring costs associated with obtaining legal guardianship** (Available up to \$2,000 for any expenses not covered by the child welfare agency as part of the juvenile court process)
3. **Medicaid** (The guardian will need to communicate with the Medicaid department to complete the necessary paperwork to verify eligibility for Medicaid).
4. **Social Services** (Services that may be helpful in keeping the family system intact).  
[Regional Post Permanency Support Services](#) Provider identified for family:

**Part VII. NOTICE OF RIGHT TO APPEAL**

*Licensed guardians may appeal the Agency's decision to deny any or all components of guardianship assistance. Information as to procedures to follow in filing an appeal may be requested from this Agency or any North Carolina county department of social services.*

Agency Representative Name

Agency Representative Signature

Name of Prospective Legal Guardian 1

Signature of Prospective Legal Guardian 1

Name of Prospective Legal Guardian 2

Signature of Prospective Legal Guardian 2

Date of DSS-1813 completion

Date GAP benefits were discussed with prospective legal guardian(s)