

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

PROSPECTIVE LEGAL GUARDIAN(S)				
<i>Only one individual can be identified as the payee.</i>				
<b>Legal Guardian #1 Name:</b>				
<b>Legal Guardian #2 Name:</b> (If Applicable)				
CHILD IDENTIFYING INFORMATION				
<b>Name:</b>		<b>Date of Birth:</b>		
<b>Child Race:</b> American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White/Caucasian Unknown Abandoned Declined	<b>Child Ethnicity:</b> Hispanic or Latino Not Hispanic or Latino Unknown Declined	<b>Child Sex:</b> Female Male		
Date Child Entered DSS Custody:				
Date Guardianship with this Individual 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(s) named above a relative* of the child? <i>*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</i>				
a. If <b>YES</b> , complete the information below and complete KinGAP Eligibility Requirements (Parts I-V). <ol style="list-style-type: none"> <li>i. Description of relationship between prospective relative legal guardian(s) and child:</li> </ol>				
b. If <b>NO</b> , proceed to page 5 and complete GAP Eligibility Requirements (Parts VI-IX).				

## KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KinGAP) FORMS

PART I. KinGAP ELIGIBILITY REQUIREMENTS	Yes	No
<p>Child is currently in legal custody of a North Carolina county child welfare agency;</p> <p style="text-align: center;"><i>If the answer is NO, proceed to PART II. KinGAP ELIGIBILITY REQUIREMENTS – SUCCESSOR GUARDIAN to determine eligibility requirements.</i></p>		
<p>The child was removed from his or her home due to a voluntary placement agreement or as a result of judicial determination to the effect that continuation in the home would be contrary to the welfare of the child.</p>		
<p>A determination has been made that reunification or adoption are <i>not appropriate, as evidenced by the recommendation to cease reunification efforts and the recommendation of guardianship as the permanent plan.</i> 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 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 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 therefor; 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><i>The child was eligible for foster care maintenance payments (pursuant to 42 U.S.C. § 672) while residing for at least six consecutive months in the home of a licensed prospective relative guardian.</i></p>		
<p><i>The child has attained 10 years of age and demonstrates a strong attachment to the licensed prospective legal relative guardian and the relative guardian has a strong commitment to caring permanently for the child; if age 14, the child must be consulted regarding the guardianship arrangement; or</i></p> <p><i>The child is not yet 10 years of age but resides in the same placement as their qualified older sibling, and both the agency and prospective guardian agree on the suitability of guardianship for the sibling.</i></p>		
<p>The prospective relative guardian is eligible to be appointed legal guardian pursuant to <a href="#">G.S. 7B-600(b)</a> and has a strong commitment to caring permanently for the child(s).</p>		
<p>The relative guardian has met the criteria for a licensed 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><i>All of the criteria listed above must be met for the child to qualify for KINGAP benefits. For qualifying child(s), the DSS-1810 must also be signed/ dated by all parties on or before the hearing where guardianship is granted, whether verbally or in writing.</i></b></p>		

<b>PART II. KinGAP ELIGIBILITY REQUIREMENTS – SUCCESSOR GUARDIAN</b>  <i>Complete this section only if the original <b>Kinship</b> Relative Guardian is deceased or no longer able to serve as the court-appointed legal relative guardian of the child; it must be filled out by the Successor Guardian named in the original agreement. All eligibility criteria must be met to qualify for KinGAP benefits.</i>	Yes	No
The child was previously determined to be eligible for kinship guardianship assistance and guardianship was granted to the individual originally identified. Child is now entering into a legal guardianship arrangement with a newly named successor guardian.		
The originally identified kinship guardian is deceased or incapacitated, and no longer able to provide care for the child.		
The prospective successor guardian has a strong commitment to caring permanently for the child.		
The agency has completed <b>RIL (to include 050/060 printouts) checks 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>		
<p><b><i>If the child(s) has a newly appointed Successor Guardian, a new DSS-1810 form must be signed and dated by all parties on or before the court date where guardianship is granted, whether verbally or in writing. The original Successor Guardian should complete the new DSS-1810 as the prospective legal guardian.</i></b></p>		

<b>PART III. KinGAP ASSISTANCE BENEFITS</b>
<p><i>If <b>YES</b> to all the prompts in Parts I and II, the child is eligible to receive the following KinGAP benefits:</i></p>
<ol style="list-style-type: none"> <li>1. <b>Monthly Payment:</b> Child receiving KinGAP monthly payments receive the funding through either IV-E or IV-B. Please indicate the appropriate funding source below: <ul style="list-style-type: none"> <li>• Child is eligible for IV-E (child is IV-E eligible for foster care benefits).</li> <li>• Child is eligible for IV-B (child is eligible for State-Funded Foster Home funds).</li> </ul> </li> <li>2. <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 child court process).</li> <li>3. <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>4. <b>Social Services</b> (Services that may be helpful in keeping the family system intact).  <u>Regional Post Permanency Support Services</u> Provider identified for family: </li> </ol>

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

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

**Part V. SIGNATURES**

*This form must be completed on or before the court date where guardianship is granted, whether verbally or in writing.*

**Legal Guardian #1**

Printed Name:

Signature:

**Legal Guardian #2 (if applicable)**

Printed Name:

Signature:

**County DSS Director/Designee**

Printed Name:

Signature:

Date of DSS-1813 completion:

Date KinGAP benefits were discussed with prospective legal relative guardian(s):

## GUARDIANSHIP ASSISTANCE PROGRAM (GAP) FORMS

PART VI. GAP ELIGIBILITY REQUIREMENTS	Yes	No
Child is currently in the legal custody of a North Carolina county child welfare agency;		
The child 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 child.		
<p style="color: red;">A determination has been made that the child is <i>unlikely</i> to return home or be adopted, as evidenced by the recommendation to cease reunification efforts and the recommendation of guardianship as the permanent plan.</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>:</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 child is in a permanent family placement setting for at least six consecutive months prior to the execution of the guardianship agreement. NOTE: The prospective legal guardian must be licensed.		
<p>The child <b>has attained 10 years of age</b>, but has not reached his or her 18th birthday, and demonstrates a strong attachment to the licensed prospective legal guardian <b>and the prospective guardian has a strong commitment to caring permanently for the child</b>; if age 14, <b>the child must be consulted</b> regarding the guardianship arrangement.</p> <p><b>NOTE:</b> A child under 10 years of age is <b>NOT</b> eligible for GAP, even if their sibling qualifies.</p>		
The guardian is eligible to be appointed prospective legal guardian pursuant to <u>G.S. 7B-600(b)</u> and has a strong commitment to caring permanently for the child(s).		
<p>The guardian has met the criteria for a licensed 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, except when licensed through 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 child to qualify for guardianship assistance benefits. For qualifying child/ childs, the DSS-1810 must also be signed/ dated on or before the court date where guardianship is granted, whether verbally or in writing.</b></p>		

**PART VII. GAP ASSISTANCE BENEFITS**

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

- 1. Monthly Payment:** Child receiving GAP monthly payments receive the funding through **IV-B (State-Funded Foster Home 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 child 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 VIII. NOTICE OF RIGHT TO APPEAL**

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

**Part IX. SIGNATURES**

*This form must be completed on or before the court date where guardianship is granted, whether verbally or in writing.*

**Legal Guardian #1**

Printed Name:

Signature:

**Legal Guardian #2 (if applicable)**

Printed Name:

Signature:

**County DSS Director/Designee**

Printed Name:

Signature:

Date of DSS-1813 completion:

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