

CASE NUMBER: _____

UNLICENSED KINSHIP PAYMENT ELIGIBILITY CHECKLIST

DIRECTIONS: This form is meant to be used as a tool for County DSS agencies to verify eligibility of Unlicensed Kinship Payments before requesting reimbursement from State DSS. Counties should refer to the Permanency Planning Manual for policy and guidance on these payments and the potential impacts on other funding programs (i.e., SSI).

CHILD(REN) INFORMATION

First Name	Last Name	SIS ID #	Does child receive SSI payments?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

KINSHIP PAYEE INFORMATION

First Name	Last Name	Does kinship caregiver receive Work First/TANF?	Does kinship caregiver receive Food and Nutritional Services benefits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ELIGIBILITY CHECKLIST: All of the following items must be checked “yes” in order for the kinship provider to qualify to receive payments.

	YES	NO
A. Is there a judicial determination that gives the DSS agency responsibility for placement and care of the child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the kinship care provider sanctioned or authorized by the Court pursuant to N.C.G.S. 7B-505 or N.C.G.S. 7B-903? Please refer to <i>Permanency Planning Unlicensed Kinship Policy</i> for further guidance.	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the kinship care provider related to the child(ren) by blood, marriage, or adoption providing foster care as defined under G.S. 131D-10.2(9) and, if applicable, any half siblings, regardless of their relationship to the kinship caregiver?	<input type="checkbox"/>	<input type="checkbox"/>
D. Is the child(ren) between the ages of 0 and 17?	<input type="checkbox"/>	<input type="checkbox"/>
E. Is the kinship care placement currently unlicensed?	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the kinship care provider wish to receive payments?	<input type="checkbox"/>	<input type="checkbox"/>
G. Has the county child welfare agency completed and approved necessary kinship care assessments and background checks on kinship provider?	<input type="checkbox"/>	<input type="checkbox"/>

REASONS FOR TERMINATION OF PAYMENTS: If at any time one or more of the eligibility criteria items change, kinship payments must be terminated. Below is a list of reasons for termination of payments:

- a. Unlicensed kinship care provider acquires foster home license.
- b. Child ages out of the foster care placement at age 18.
- c. Placement change-new placement will need to be evaluated for eligibility.
- d. If the child(ren) related to kinship provider by blood, marriage, or adoption no longer resides in the kinship home, the half-siblings of that child(ren) no longer qualify.
- e. Child(ren) are no longer in the custody of the local department of social services through a judicial determination.
- f. Kinship care provider requests payments to be stopped.

SOCIAL WORKER COMPLETING FORM:

Name: _____ Signature: _____ Date: _____

SUPERVISOR:

Name: _____ Signature: _____ Date: _____