STATE OF NORTH CAROLINA

_____ COUNTY

CASE NUMBER: _____

UNLICENSED KINSHIP PAYMENT ACKNOWLEDGEMENT

I am the payee for unlicensed kinship benefits for the following child(ren):

1. _____
2. _____
3. _____
4. _____
5. _____

As the payee of the unlicensed kinship benefits:

1. I understand and agree that once the child or children that I am receiving unlicensed kinship benefits for are no longer in the custody of the county department of social services, or if the youth turn 18, the child(ren)/youth are no longer eligible for unlicensed kinship benefits. (Please talk with your social worker about other available resources)
2. I understand and agree that I have the option to apply to become a licensed foster parent and can discuss how to do this with the social worker assigned to the child(ren) placed in my care.
3. I understand and agree that the safety of the child(ren) placed in my care is a priority and will continue to be assessed throughout the involvement with child welfare services.
4. I understand these payments do not relieve the county department of social services from continuing efforts to achieve permanency for the child(ren) placed in my care.
5. I will notify the county department of social services in writing if I wish to stop receiving unlicensed kinship payments.
6. I understand the county department of social services has the right to terminate the benefits when I am no longer eligible.

Primary Kinship Provider (required):

Name: _____
Signature: _____
Date: _____

Secondary Kinship Provider (if applicable):

Name: _____
Signature: _____
Date: _____

Department of Social Services Social Worker:

Name: _____
Signature: _____
Date: _____