

**STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM:** *The legal guardian should complete in ink all questions to the left of the heavy black line with information about the child for whom they are the legal guardian. If there are multiple children, one form per child should be completed. Please complete, sign and date this form within two weeks, attaching extra sheets if necessary. Failure to complete and return this form within two weeks (14 days) of the date it was mailed will cause interruption, termination or delay in your receipt of the benefit.*

① Child Name ②  Male  Female

③ Address

④ Birth date ⑤ Birthplace

⑥ Social Security # Applied For?  Yes  No

⑦ Citizen of U.S.?  Yes  No ⑧ Alien Status:

⑨ Does the child have medical insurance other than Medi-Cal?  Yes  No

If yes, list policy number, company name, and name of policy:

⑩ Does the child have real or personal property?  Yes  No

If yes, list property type (land, cash, auto, motorcycle, life insurance, trust fund, bank account, bond, etc.) and its value:

⑪ Does the child have income?  Yes  No  Unknown\*  
If yes, list amounts below. If application pending, check associated box.

INCOME TYPE	AMOUNT	PENDING
Social Security	\$	
Child Support	\$	
Railroad Retirement	\$	
SSI/SSP	\$	
Veteran's Benefits	\$	
Salary/Wages	\$	
Other (specify)	\$	
Total Amount/Month	\$	

\*If unknown, please explain:

⑫ Does the child have siblings placed with you?  Yes  No  
If yes, list the names and DOB.

NAME OF SIBLING	DATE OF BIRTH

⑬ Is the child's mother or father deceased?  Yes  No

⑭ Has the child's parents been receiving Social security or VA benefits?  Yes  No  
If yes, explain and list amount if known:

⑮ If the youth is age 16 or older, does the youth want a referral to the ILP Program?  Yes  No

⑯ Does the child reside in your home?  Yes  No  
If no, do you provide any support for the above-named child?  Yes  No

⑰ Does this youth have a child(ren) of his/her own residing in your home?  Yes  No

⑱ Do you have a shared responsibility plan about the care of the child with the minor parent?  Yes  No

⑲ Do you have guardianship of the child which was granted by a California juvenile court?  Yes  No

**ELIGIBILITY WORKER ONLY**

APPLICATION  
 REASSESSMENT

CASE NAME

CASE NUMBER

**VERIFICATION**

AGE

SOCIAL SECURITY NUMBER

CITIZENSHIP/ALIEN STATUS

DHS 6155

CHILD'S PROPERTY

DOES THE CHILD HAVE SIBLINGS PLACED WITH THE GUARDIAN?

DID THE CHILD RESIDE FOR AT LEAST SIX CONSECUTIVE MONTHS IN THE APPROVED HOME OF THE PROSPECTIVE RELATIVE GUARDIAN?

**SPECIAL NEEDS CHILDREN INFORMATION**

20 Does this child have special needs, i.e., health and/or behavior problems?  Yes  No

If yes, I am requesting an assessment of the child's special needs to determine if the specialized care increment meets the needs of this child.

**COMPLETE BELOW FOR CHILDREN 18 AND OLDER**

21 Expected graduation/completion before the 19th birthday?  Yes  No

22 Do you request an assessment for continued payment over the age of 18 because the youth has a mental or physical handicap? If yes, describe condition:  Yes  No

23 Was guardianship ordered in a juvenile court after the youth's 16th birthday?  Yes  No

If yes, is youth participating in one of the following activities (Note: this provision does not apply until January 2, 2012):

- Completing secondary education (e.g., high school) or a program leading to an equivalent credential (e.g., taking classes in preparation for a general equivalency diploma exam).
- Enrolled in an institution which provides post-secondary (e.g., university or college) or vocational education (e.g., trade school).
- Participating in a program or activity designed to promote, or remove barriers to employment (e.g., enrolled in Job Corps or attending classes on resume writing and interview skills).
- Employed for at least 80 hours per month.
- Is incapable of doing any of the previously described educational or employment activities due to a documented medical condition.
- None of the above.

**LEGAL GUARDIAN:**

**I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

SIGNATURE OF LEGAL GUARDIAN

DATE

COUNTY WHERE SIGNED

DATE

SIGNATURE OF ELIGIBILITY WORKER

DATE

SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR

DATE

**VERIFICATION**

ILP

VERIFICATION BY SCHOOL

YES

SCHOOL ATTENDANCE

GRADUATION

GUARDIANSHIP VERIFIED

CHILD SUPPORT REFERRAL  
BEST INTEREST DETERMINATION  
NOT TO REFER

NOT ELIGIBLE

ELIGIBLE

FEDERAL

NONFEDERAL

OTHER

**RELEASE OF INFORMATION**

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**

**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-679) and the information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.17 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Forms Officer.