

Kin-GAP MUTUAL AGREEMENT FOR NONMINOR FORMER DEPENDENTS

CASE NAME
BIRTH DATE
CASE NUMBER

I request that the _____ Child Welfare Services/Probation Department or
(circle appropriate public agency)

_____ Tribe maintain my extended Kin-GAP payment.

Recognizing my responsibility, I agree to:

1. Assist the responsible public agency in determining my financial need and eligibility while receiving a Kin-GAP payment.
2. Update/notify the responsible public agency and relative guardian if there are any changes in my circumstances or living arrangements.

Select criteria below:

3. I am over 18 years old and have a documented physical or mental disability that warrants continuation of Kin-GAP assistance until I am 21 years old pursuant to Welfare and Institutions Code (W&IC) sections 11363(c)(2) and 11386(g)(2).
4. I meet at least one of the five participating criteria as set forth in W&IC section 11403(b). I am (check all that apply):
 - Completing high school or an equivalency program.
 - Enrolled or enrolling in a post-secondary or vocational school.
 - Participating in a program or activity that promotes or removes barriers to employment.
 - Employed at least 80 hours per month.
 - Incapable of participating in 1-4 above, due to a documented physical or mental condition.
5. Keep the responsible public agency informed of my progress with my education/training program

SIGNATURE OF Kin-GAP YOUTH/AUTHORIZED REPRESENTATIVE		Kin-GAP YOUTH'S ELIGIBILITY WORKER
ADDRESS		ADDRESS
HOME TELEPHONE	ALTERNATE TELEPHONE	OFFICE TELEPHONE
DATE		DATE