

**KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM
NONRECURRING LEGAL GUARDIANSHIP EXPENSES AGREEMENT**

Eligible kinship guardians may be reimbursed for nonrecurring expenses up to a maximum of \$2,000 (two-thousand dollars) pursuant to Welfare and Institutions Code Sections 11364(b)(6) and 11387(b)(6). The term “nonrecurring guardianship expenses” is defined as the reasonable and verified expenses associated with obtaining kinship guardianship of a related child under supervision of the juvenile court, which are not incurred in violation of state or federal law, and have not been reimbursed from other sources or funds.

Allowable expenses associated with obtaining the kinship guardianship may include, but are not limited to, transportation costs and reasonable costs of lodging and food for the legal guardian to attend hearings to complete the legal guardianship.

To be eligible for nonrecurring legal guardianship expenses, the child must be eligible for the Kinship Guardianship Assistance Payment (Kin-GAP) Program.

Financially Responsible County: _____ Legal Guardianship Date: _____
NAME

I, _____, have determined that I have nonrecurring
NAME OF GUARDIAN
 guardianship expenses as defined above for _____ in the
NAME OF CHILD
 amount of \$_____. I have entered into an agreement with
 _____ to reimburse me for this amount.
RESPONSIBLE PUBLIC AGENCY

I, _____, may have nonrecurring guardianship
NAME OF GUARDIAN
 expenses, and have been notified that I may be eligible to receive funds associated with reimbursement for nonrecurring guardianship expenses. Claim for payment, including receipts and all related eligible nonrecurring guardianship expenses documentation, will be submitted to _____ no later than _____,
RESPONSIBLE PUBLIC AGENCY TWO YEARS FROM DATE OF GUARDIANSHIP ORDER

LEGAL GUARDIAN	PRINTED NAME	DATE
REPRESENTATIVE FROM RESPONSIBLE PUBLIC AGENCY	PRINTED NAME	DATE