

# RESUBMITTAL

(See instructions on reverse)

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW  
**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

For use by Secretary of State only

STD. 400 (REV. 01-2013)

**ENDORSED - FILED**

In the office of the Secretary of State  
of the State of California

**MAY 02 2016**

1:43 PM

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-2014-1003-01</b>	REGULATORY ACTION NUMBER <b>2016-0318-02SR</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

2016 MAR 18 A 10:57  
OFFICE OF ADMINISTRATIVE LAW

AGENCY WITH RULEMAKING AUTHORITY <b>California Department of Social Services</b>	AGENCY FILE NUMBER (if any) <b>ORD # 0713-06</b>
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b> ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2014 42-2</b>	PUBLICATION DATE <b>10/17/2014</b>	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) <b>Kinship Guardianship (Kin-GAP) Minor/Nonminor Former Dependents</b>	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) <b>2015-1002-025</b>
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
<b>SECTION(S) AFFECTED</b> (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT <b>Sections 45-102, 45-600, 45-601, 45-602, 45-604, 45-605, 45-606, 45-607</b>
	AMEND <b>Sections 31-002, 31-003, 31-075, 31-201, 31-205, 31-206, 31-225, 31-425, 31-503, 90-101</b>
TITLE(S) <b>MPP</b>	REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §511346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

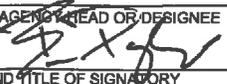
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
**February 25, 2016 to March 10, 2016 ; August 7, 2015 to August 21, 2015 per agency 5/2/16 (T#) request**

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <i>per agency request</i>	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal	
<input type="checkbox"/> Other (Specify) _____			

7. CONTACT PERSON <b>Oliver Chu</b>	TELEPHONE NUMBER <b>(916) 657-3588</b>	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) <b>oliver.chu@dss.ca.gov</b>
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE <b>3/17/14</b>
TYPED NAME AND TITLE OF SIGNATORY <b>Brian Dougherty, Deputy Director, Administration Division</b>	

For use by Office of Administrative Law (OAL) only

**ENDORSED APPROVED**

**MAY 02 2016**

**Office of Administrative Law**

Amend Section 31-002 to read:

**31-002 DEFINITIONS**

**31-002**

(a) (1) (Continued)

(g) (1) (Continued)

(3) "Guardian" means a person appointed by the superior court pursuant to the provisions of Probate Code §section 1514, or appointed by the juvenile court pursuant to the provisions of Welfare and Institutions Code §sections 360, 366.26, or 728(d).

**HANDBOOK BEGINS HERE**

(A) See Section 31-002(k)(3) for a definition of "kinship guardian."

**HANDBOOK ENDS HERE**

(k) (1) (Continued)

(3) "Kinship guardian," as defined by Welfare and Institutions Code sections 11362(b) and 11391(b), means a person who meets both of the following requirements:

(A) The person has been appointed the legal guardian of a dependent child of the juvenile court pursuant to Welfare and Institutions Code sections 366.26 or 360, or the legal guardian of a ward of the juvenile court pursuant to Welfare and Institutions Code section 728(d); and

(B) The person is a relative of the child.

(4) "Kinship Guardianship Assistance Payment (Kin-GAP)," as defined by Welfare and Institutions Code sections 11362(a) and 11391(a), means the financial assistance provided on behalf of a child or nonminor former dependent eligible to receive assistance under the federal or nonfederal Kin-GAP program.

(l) (1) (Continued)

(n) (3) "Nonminor former dependent" means, on and after January 1, 2012, either of the following pursuant to Welfare and Institutions Code section 11400(aa):

(A) A person who reached 18 years of age while subject to an order for foster care placement, and for whom dependency, delinquency, or transition jurisdiction has been terminated, and who is still under the general jurisdiction of the court; or

(B) A person who is at least 18 years of age, up to and including the day prior to his or her 21<sup>st</sup> birthday, who was a dependent child or ward of the juvenile court when the guardianship was established pursuant to Welfare and Institutions Code sections 360, 366.26 or 728(d) and the juvenile court dependency or wardship was dismissed following the establishment of the guardianship.

(n) (34) (Continued)

(r) (5) "Relative" means an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including ~~step-parents~~ stepparents, ~~step-siblings~~ stepsiblings, and all relatives whose status is preceded by the words "step<sub>1</sub>"; "great<sub>1</sub>"; "great-great<sub>1</sub>"; or "grand<sub>1</sub>"; or the spouse of any of these persons, even if the marriage was terminated by death or dissolution. For the purposes of preferential consideration for placement of a child, "relative" means an adult who is a grandparent, aunt, uncle, or sibling of the child.

(A) For the purposes of federal Kin-GAP only, "relative" also means any of the adults specified in Welfare and Institutions Code sections 11391(c) and (c)(2) through (c)(4).

### **HANDBOOK BEGINS HERE**

(B) Welfare and Institutions Code sections 11391(c) and (c)(2) through (c)(4) provide:

"(c) "Relative," . . . means any of the following [for the purposes of federal Kin-GAP only]:

. . . (2) An adult who meets the definition of an approved, nonrelated extended family member, as described in Section 362.7.

(3) An adult who is either a member of the Indian child's tribe, or an Indian custodian, as defined in Section 1903(6) of Title 25 of the United States Code.

(4) An adult who is the current foster parent of a child under the juvenile court's jurisdiction, who has established a significant and family-like relationship with the child, and the child and the county child welfare agency, probation department, Indian tribe, consortium of tribes, or tribal organization that has entered into an agreement pursuant to Section 10553.1 identify this adult as the child's permanent connection."

### **HANDBOOK ENDS HERE**

(r) (6) (Continued)

- (v) (2) "Voluntary placement" means a placement described by Welfare and Institutions Code §section 11400(ño).

**HANDBOOK BEGINS HERE**

- (A) Welfare and Institutions Code section 11400(o) provides:

"Voluntary placement' means an out-of-home placement of a child by (1) the county welfare department, probation department, or Indian tribe that has entered into an agreement pursuant to Section 10553.1, after the parents or guardians have requested the assistance of the county welfare department and have signed a voluntary placement agreement; or (2) the county welfare department licensed public or private adoption agency, or the department acting as an adoption agency, after the parents have requested the assistance of either the county welfare department, the licensed public or private adoption agency, or the department acting as an adoption agency for the purpose of adoption planning, and have signed a voluntary placement agreement."

**HANDBOOK ENDS HERE**

- (3) "Voluntary placement agreement" means the agreement described by Welfare and Institutions Code §section 11400(öp).

**HANDBOOK BEGINS HERE**

- (A) Welfare and Institutions Code section 11400(p) provides:

"Voluntary placement agreement' means a written agreement between either the county welfare department, probation department, or Indian tribe that has entered into an agreement pursuant to Section 10553.1, licensed public or private adoption agency, or the department acting as an adoption agency, and the parents or guardians of a child that specifies, at a minimum, the following:

- (1) The legal status of the child.  
(2) The rights and obligations of the parents or guardians, the child, and the agency in which the child is placed."

**HANDBOOK ENDS HERE**

- (w) (Continued)

Authority cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code and Assembly Bill 1695, Section 21.

Reference: Sections 300, 300(c), 300(e), 306(b), 309(d) 319, 319(f), 727, 11402, and 16507.5(b) (as amended by AB 1695, Chapter 653, Statutes of 2001), 360, 361, 361.2, 361.2(h), 361.3, 361.3(a)(8), 362.7, 366.22, 366.26, 366.3(e)(4) and (e)(8), 391, 636.1(c), 706.6(o), 727, 727.2, 728(d), 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 10553, 10554, 10850.4, 11100, 11105, 11155.5, 11362(a) and (b), 11391(a) through (d), 11400(aa), 11400(a), 11400(o) and (p), 11400(v), 11402, 11404, 11467.1, 16001.5, 16001.9, 16010, and 16501, 16501(a)(3), 16501.1(f)(7), 16503, 16504, 16506, 16506(c), 16507.5(b), 16516.5, 16520, 16521, 17736, and 18951(d), Welfare and Institutions Code; Section 11165 et seq., Penal Code; Section 265, Civil Code; 42 U.S.C. Section 675; Sections 1502, 1502(a)(8), 1522, 1522.06, and 1530.8, Health and Safety Code; 42 U.S.C. Sections 673(d), and 675(5) and (8)(B); Sections 7002, 7901, 7911, 7911.1, and 7912, Family Code; Public Law 105-89 (Adoption and Safe Families Act of 1977); and Rule 5.552 of the California Rules of Court.

Amend Section 31-003 to read:

**31-003 DEFINITIONS – FORMS**

**31-003**

(a) (Continued)

(k) (1) KG 1 (12/11) Kin-GAP Mutual Agreement for 18 Year Olds, hereby incorporated by reference, is used for the purpose of obtaining an 18-year-old person's agreement to remain in the Kin-GAP Program after his or her 18<sup>th</sup> birthday, in accordance with the age requirements of Manual of Policies and Procedures section 45-602.313.

(2) KG 3 (12/11) Kin-GAP Mutual Agreement for Nonminor Former Dependents, hereby incorporated by reference, is used to obtain the nonminor former dependent's agreement to remain in the Kin-GAP Program after his or her 18<sup>th</sup> birthday, in accordance with the age requirements of Manual of Policy and Procedures section 45-602.313.

(l) (Continued)

(s) (1) SOC 369 (12/10) Agency-Relative Guardianship Disclosure, hereby incorporated by reference, is used for the purpose of informing a prospective kinship guardian of the funding and program options available when choosing to take legal guardianship of a related foster child. This form, which is used in conjunction with the SOC 369A, constitutes the written agreement that memorializes the terms, conditions, rights, responsibilities and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and the relative prior to the establishment of a kinship guardianship. The SOC 369A amends and supplements the SOC 369.

(2) SOC 369A (7/15) Kinship Guardianship Assistance Payment (Kin-GAP) Program Agreement Amendment, hereby incorporated by reference, is used for the purpose of amending and supplementing the SOC 369 to memorialize the terms, conditions, rights, responsibilities and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and the kinship guardian. In conjunction with the SOC 369, this form implements the state and federal requirement that there be a written, binding agreement with the kinship guardian stipulating, among other things, the Kin-GAP rate of payment and the manner in which the payment can be renegotiated based upon the needs of the child and the circumstances of the kinship guardian. Thus, the SOC 369A form is used both to establish the Kin-GAP rate of payment at the initiation of the case and, as necessary, to amend the initial agreement after the Kin-GAP case has been established.

(31) (Continued)

(42) (Continued)

(53) (Continued)

(64) (Continued)

(w) (Continued)

Authority cited: Sections 10553, 10554, and 10850.4, Welfare and Institutions Code.

Reference: *Gomez v. Saenz* Settlement Agreement and Court Order, Case No: BC284896; Section 11169, Penal Code and Sections 827, ~~and~~ 10850.4, 11363(d), 11364(a) and (b), 11386(h), 11387(a) and (b), 11400(u), 11403(b), 11403.01, Welfare and Institutions Code; and 42 U.S.C. Section 5106.

Amend Section 31-075 to read:

**31-075 CASE RECORDS**

**31-075**

- .1 (Continued)
- .2 Case records shall be retained at a minimum of three years in accordance with Manual of Policies and Procedures §section 23-353.

**HANDBOOK BEGINS HERE**

- .21 Manual of Policies and Procedures section 23-353 provides in pertinent part:

"The general statute in California (Welfare and Institutions Code section 10851) requires that public social services records (aid and services) be maintained for three years from the last date of aid or services...Federal law (45 CFR 74.20) requires that case records which provide the basis for fiscal claims are to be retained for three years, starting on the day the state submits the last expenditure report to HHS for the period . . . .

Under these requirements, counties shall insure that records needed to prove eligibility may not be destroyed unless three years have passed from the date the last state expenditure report was made to HHS for the period in which such records were last used to document eligibility."

**HANDBOOK ENDS HERE**

- .22 The case record of a child eligible to receive Kin-GAP payments, including the child's Kin-GAP eligibility case file records as specified in Manual of Policies and Procedures sections 45-604 and 45-605, shall be retained for a minimum of three years from the last date of Kin-GAP aid in accordance with the Manual of Policies and Procedures section 23-353.

**HANDBOOK BEGINS HERE**

- .243 (Continued)

**HANDBOOK ENDS HERE**

- .3 (Continued)
- (h) (Continued)

(3) For a child for whom the permanency plan is a kinship guardianship, documentation of the assessment information specified in Sections 31-205(h) through 31-205(h)(4).

(i) (Continued)

(v) For a child for whom the permanency plan is a kinship guardianship, documentation of the appointment of a kinship guardianship for the child, which shall include the court order establishing the kinship guardianship, or the letters of guardianship; and the court order terminating dependency or wardship.

(~~v~~w) (Continued)

Authority cited: Sections 10553, 10554, 16002, and 16501, Welfare and Institutions Code and Assembly Bill 1695, Section 21.

Reference: Sections 319, 361.3, 361.5, and 366.21 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997), 366.26(c), 10851, 11363(a)(3) and (a)(4), 11386(d) and (e), 16002, 16501, and Sections 309(d), 319, 361.2, 727, 11402, and 16507.5(b), (as amended by Assembly Bill 1695, Chapter 653, Statutes of 2001), Welfare and Institutions Code; 45 C.F.R. 74.20; 45 C.F.R. 1356.21(d); and Section 11170(b), Penal Code.

Amend Section 31-201 to read:

**31-201 ASSESSMENT AND CASE PLANNING PROCESS**

**31-201**

.1 (Continued)

.12 (Continued)

.121 (Continued)

(c) (Continued)

(3) (Continued)

(B) (Continued)

**HANDBOOK BEGINS HERE**

1. Welfare and Institutions Code ~~§~~section 361.3 specifies that all relative caregivers must be assessed by a specific set of criteria that includes the safety of the home, the character of the relative, and the ability to provide permanency for the child, among other elements. Welfare and Institutions Code section 309(d) also specifies that all relative caregivers must be assessed for suitability, including obtaining criminal background and child abuse index checks. Welfare and Institutions Code section 361.4 describes criminal background and child abuse index checks in more detail. All of the information required for an This assessment provides the foundation for determining whether or not guardianship with the relative is appropriate and in the child's best interest.
  
2. ~~To provide assistance in meeting the assessment criteria in Welfare and Institutions Code Section 361.3, CDSS issued guidelines to counties on March 1, 1999 pursuant to Welfare and Institutions Code Section 16501.1(i). Those guidelines were distributed to the counties via All County Information Notice I 18 99.~~

2. For more information about the relative approval process, please see the Children and Family Services Division web page on the CDSS website at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov). There are links to kinship care topics, including access to relevant All-County Letters and Information Notices.

### **HANDBOOK ENDS HERE**

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 358.1(e) and 361 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997), 361.5, 366.23, 16501, 16501.1 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997), 16501.1(f), 16506, 16507, and 16508, Welfare and Institutions Code; Sections 8714.5 and 8714.7 (as added by Assembly Bill 1544, Chapter 793, Statutes of 1997), Family Code.

Amend Section 31-205 to read:

**31-205 ASSESSMENT DOCUMENTATION**

**31-205**

.1 (Continued)

(h) If family reunification services are not recommended, and the permanency plan for the child is a kinship guardianship, the following:

(1) Being returned home or adopted are not appropriate permanency options for the child.

(2) The child demonstrates a strong attachment to the prospective kinship guardian.

(3) The kinship guardian has a strong commitment to caring permanently for the child.

(4) A child over 12 years of age has been consulted about the proposed kinship guardianship arrangements.

(A) If the child's age or physical, emotional or other condition prevents the child from giving a meaningful response, a description of the child's condition.

(hi) (Continued)

(hj) (Continued)

(jk) (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 361, 361.5, 361.5(g), 366.21(c), (i) and (f), 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 11467.1, 16501, 16501(e), 16501.1(e)(9), and 16507, Welfare and Institutions Code; 42 U.S.C. Sections 673(d), 675(1) and 677, and Sections 1502 and 1502(a)(8), Health and Safety Code.

Amend Section 31-206 to read:

**31-206 CASE PLAN DOCUMENTATION**  
(Continued)

**31-206**

.3 (Continued)

**HANDBOOK BEGINS HERE**

~~.317~~ (Continued)

**HANDBOOK ENDS HERE**

.31 (Continued)

.317 For a child for whom the permanency plan is a kinship guardianship, the case plan shall include the following:

- (a) A description of the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted.
- (b) The reason(s) for any separation of siblings during placement, as also required by Section 31-206.311.
- (c) The reason(s) why a permanent placement with the prospective kinship guardian through a kinship guardianship assistance arrangement is in the child's best interests, as contained in the assessment documentation required in Section 31-205(h).
- (d) The ways in which the child meets the eligibility requirements for Kin-GAP, as specified in Manual of Policies and Procedures section 45-600 et seq.
- (e) The efforts the agency has made to discuss adoption by the child's relative caregiver as a more permanent alternative to legal guardianship; and, in the case of a relative caregiver who has chosen not to pursue adoption, the reason(s) for that decision.
- (f) The efforts the agency has made to discuss the kinship guardianship assistance arrangement with the child's parent(s), or the reason(s) why such efforts were not made. (Continued)

Authority cited: Sections 10553, 10554, and 16501.1, Welfare and Institutions Code; and Section 17552, Family Code; and Public Law 109-288.

Reference: Sections 358.1(e), 361, 361(b), 361.5, 361.5(g), 358.1(d), 366.1(f), 366.21(c), (f) and (i), 366.22(c), 366.25(b), 706.5, 706.6, 727.3, 4094, 4094.5, 4094.6, 4094.7, 5585.58, 5600.3, 16002, 16501, 16501.1(e) and (f), and 16507, Welfare and Institutions Code; 42 U.S.C. Sections 671(a)(31), 675(1) and 677; Sections 7901, 7911, 7911.1, 7912, and 17552, Family Code; and Sections 1502 and 1502(a)(8), Health and Safety Code; ~~and~~ Public Law 109-288.

Amend Section 31-225 to read:

**31-225            CASE PLAN UPDATE DOCUMENTATION**

**31-225**

.1    (Continued)

.17 For a child for whom the permanency plan is a kinship guardianship, all of the information required in Sections 31-206.317(a) through (f).

.2    (Continued)

Authority cited:    Sections 10553 and 10554, Welfare and Institutions Code.

Reference:            Sections 361 and 361.5 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997) and 16501.1(d), Welfare and Institutions Code; and 42 U.S.C. Section 675(1).

Amend Section 31-425 to read:

**31-425 PERMANENT PLACEMENT**

**31-425**

.1 (Continued)

.4 When it is anticipated that the permanent placement for a child will be a kinship guardianship, the relative caregiver shall be provided with the following information:

.41 Written information on the availability of the Kin-GAP program, including an explanation of the difference between Kin-GAP and Adoption Assistance Program benefits, and between Kin-GAP and AFDC-FC benefits, as specified in Welfare and Institutions Code sections 11364(e) and 11387(e).

**HANDBOOK BEGINS HERE**

.412 Providing the relative caregiver with a copy of both the SOC 369 form and the SOC 369A form, as required in Section 31-425.42, will help counties meet the requirement in Section 31-425.41. Two other resources available to help counties meet the requirement in Section 31-425.41 are: 1) PUB 344, *Giving a Child a Permanent Home—Choices for Relatives*, available in both English ([www.cdss.ca.gov/cdssweb/entres/forms/English/pub344.pdf](http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub344.pdf)) and Spanish ([www.cdss.ca.gov/cdssweb/entres/forms/Spanish/PUB344SP.pdf](http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/PUB344SP.pdf)); and 2) *A Guide to Permanency Options for Youth* (<http://calswec.berkeley.edu/training-resource-permanency-planning-options>).

**HANDBOOK ENDS HERE**

.42 Prior to the establishment of a kinship guardianship and the termination of the child's dependency or wardship, a copy of and an explanation of both the SOC 369 form and the SOC 369A form.

.43 Information on the availability of mental health services through Medi-Cal or other programs, as specified in Welfare and Institutions Code sections 11364(e) and 11387(e).

.44 Information on access to medically necessary specialty mental health services pursuant to Welfare and Institutions Code section 11376.

**HANDBOOK BEGINS HERE**

.441 Welfare and Institutions Code section 11376 provides:

"A foster child who has become the subject of a legal guardianship, who is receiving assistance under the Kin-GAP Program under this article or under Article 4.7 (commencing with Section 11385), including Medi-Cal, and whose foster care court supervision has been terminated, shall be provided medically necessary specialty mental health services by the local mental health plan in the county of residence of his or her legal guardian, pursuant to all of the following:

- (a) The host county mental health plan shall be responsible for submitting the treatment authorization request (TAR) to the mental health plan in the county of origin.
- (b) The requesting public or private service provider shall prepare the TAR.
- (c) The county of origin shall retain responsibility for authorization and reauthorization of services utilizing an expedited TAR process."

**HANDBOOK ENDS HERE**

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 360, 361.2 and 361.3 (as amended by Assembly Bill 1544, Chapter 793, Statutes of 1997), 361.5(g)(2), 366.21(i)(2), 366.22(c)(2), 366.25(b)(2), 366.27 (as amended by AB 2129, Chapter 1089, Statutes of 1993), 11364(a) and (e), 11376, 11387(a) and (e), 16501 and 16501.1, Welfare and Institutions Code; and Section 275, Civil Code.

Amend Section 31-503 to read:

**31-503 CHILD SUPPORT REFERRAL REQUIREMENTS**

**31-503**

.1 For a child receiving AFDC-FC in accordance with Welfare and Institutions Code ~~§~~section 11401~~0~~, the social worker shall determine whether it is in the child's best interest to make a referral to the local child support agency.

.11 In making this determination, the social worker shall evaluate each case on an individual basis, considering the best interests of the child and the circumstances of the family, which may include, but are not necessarily be limited to, ~~the parent(s)~~ employment status of the parent(s), housing status, ~~the~~ impact on other children who may be at risk of removal, availability of community-based services, efforts to reunify, whether parental rights have been terminated, and connection with CalWORKs or other public assistance programs. (Continued)

.112 (Continued)

(c) The parent's ability to meet the needs of other children in the household who may be at risk ~~of~~ of removal.

.113 If the child's case plan goal is legal guardianship with a relative and receipt of Kin-GAP is anticipated, the social worker shall consider, prior to termination of dependency or wardship, whether the payment of support by the parent will pose a barrier to a successful outcome of the permanent plan in that the payment of support will compromise:

(a) The stability of the current placement with the proposed related guardian.

(b) The parent's ability to meet the needs of other children in the household who may be at risk of removal, if known.

.2 (Continued)

.21 Under the circumstances described in MPP sections 31-503.111 and 31-503.112, ~~the~~ the social worker shall review this decision following each court hearing held under Welfare and Institutions Code ~~§~~section 361.5.

.211 (Continued)

.22 Under the circumstances described in MPP section 31-503.113, the social worker or other appropriate representative of the county child welfare department or the county probation department shall review this decision no less frequently than at each two-year reassessment of the Kin-GAP negotiated agreement pursuant to Welfare and Institutions Code sections 11364(b)(1) and 11387(b)(1).

.221 If Kin-GAP benefits are terminated, and the social worker or other appropriate county worker also determines that it is no longer contrary to the child's best interest, the appropriate county worker shall refer the child's case to the local child support agency.

.222 If at any time the social worker or other appropriate county worker determines that it is no longer contrary to the child's best interest, the appropriate county worker shall refer the child's case to the local child support agency.

.3 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; and Section 17552, Family Code.

Reference: Section 17552, Family Code.

Adopt Section 45-102 to read:

**45-102 DEFINITIONS – FORMS**

**45-102**

(a)-(e) (Reserved)

- (f) (1) FC 2 The "Statement of Facts Supporting Eligibility for AFDC-Foster Care" (Rev. 11/04), hereby incorporated by reference, is used to collect information necessary to determine foster care eligibility at the time of application and redetermination.
- (2) FC 3 The "Determination of Federal AFDC-FC Eligibility" (Rev.11/04), hereby incorporated by reference, is used to collect information necessary to determine eligibility for federal AFDC-FC.
- (3) FC 3A The "AFDC-FG/U Worksheet" (Rev.11/04), hereby incorporated by reference, is used to collect information necessary to determine if the child would have received federal AFDC FG/U (as it existed July 16, 1996) in the month of the petition. This form is a supplement to the FC 3.
- (4) FC 18 The "Notification of AFDC-Foster Care Transfer" (Rev. 11/04), hereby incorporated by reference, collects and transmits the information necessary to transfer a foster care case between counties.

Authority cited: Sections 11102 and 11401, Welfare and Institutions Code.

Reference: Sections 391, 392, 452, 607.2, 11403, and 11405, Welfare and Institutions Code.

Adopt Section 45-600 to read:

**45-600 Kin-Gap Program Purpose**

**45-600**

The purpose of the Kinship-Guardianship Assistance Payment (Kin-GAP) Program is to enhance family preservation and stability in the permanency planning of a foster child by providing financial assistance to an approved relative caregiver who becomes the kinship guardian of a foster child placed in his or her home.

Authority cited: Sections 11361 and 11378, Welfare and Institutions Code.

Reference: Sections 360 361.5, 366.21 and 11403.01, Welfare and Institutions Code.

Adopt Section 45-601 to read:

**45-601 DEFINITIONS**

**45-601**

- .1 The definitions in Sections 11-400, 31-002, and 45-101 apply to the Kin-GAP Program. The following definitions apply to the Kin-GAP Program only and supersede those in Sections 11-400, 31-002, and 45-101 where dual or conflicting definitions exist.
- (a) (1) Approved Home of a Relative for purposes of Kin-GAP means the home of a relative, who has been identified as the expected kinship guardian, which has been determined as one of the following:
    - (A) Approved foster family home as specified in Section 31-002(a)(9).
    - (B) Licensed home as defined in Title 22 California Code of Regulations, Section 89201 or certified family home as defined in Title 22 California Code of Regulations, Section 88001.
    - (C) Resource family home as specified in Welfare and Institutions Code section 16519.5.
  - (2) Applicant means a child or nonminor former dependent on whose behalf a request for Kin-GAP benefits is made.
  - (b) Reserved.
  - (c) (1) Case Plan means a written document which is developed based upon an assessment of the circumstances that required child welfare services intervention and in which the social worker identifies a case plan goal, the objectives to be achieved, the specific services to be provided, and case management activities to be performed.
  - (2) County of Payment Responsibility means the county that had placement and care responsibility of the child prior to the establishment of the kinship guardianship pursuant to Welfare and Institutions Code sections 360, 366.26 or 728 and the dismissal of the juvenile court jurisdiction.
  - (d) Reserved.
  - (e) Reserved.
  - (f) Federal Kin-GAP Program means aid made with federal financial participation provided on behalf of children in kinship care who were previously eligible to receive Title IV-E federal foster care benefits and who meet all general requirements specified in Section 45-602 and all federal requirements specified in Section 45-604.
  - (g) Reserved.

- (h) Reserved.
- (i) Reserved.
- (j) Reserved
- (k) (1) Kinship Guardian, as defined by Welfare and Institutions Code sections 11362(b) and 11391(b), means a person who meets both of the following requirements:
  - (A) The person has been appointed the legal guardian of a dependent child of the juvenile court pursuant to Welfare and Institutions Code sections 366.26 or 360, or the legal guardian of a ward of the juvenile court pursuant to Welfare and Institutions Code section 728(d); and
  - (B) The person is a relative of the child.
- (2) Kinship Guardianship Assistance Payments (Kin-GAP), as defined by Welfare and Institutions Code sections 11362(a) and 11391(a), means the financial assistance provided on behalf of a child or nonminor former dependent eligible to receive assistance under the federal or state Kin-GAP Programs.
- (l) Reserved.
- (m) Reserved.
- (n) Nonminor Former Dependent means, on and after January 1, 2012, a person who is at least 18 years of age, up to and including the day prior to his or her 21<sup>st</sup> birthday, who was a dependent child or ward of the juvenile court when the guardianship was established pursuant to Welfare and Institutions Code sections 360, 366.26 or 728(d) and the juvenile court dependency or wardship was dismissed following the establishment of the guardianship.
- (o) Reserved.
- (p) Reserved.
- (q) Reserved
- (r) (1) Recipient means a child or nonminor former dependent who meets all conditions of eligibility and for whom the county has entered into an agreement to approve Kin-GAP payments.
- (2) Relative, for the purposes of federal Kin-GAP \_only means an adult who

meets one of the following :

- (A) An adult who is related to the child by blood, adoption or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great," "great-great" or "grand," or the spouse of any of those persons even if the marriage was terminated by death or dissolution.
  - (B) An adult who meets the definition of an approved, nonrelated extended family member, as defined in Welfare and Institutions Code section 362.7.
  - (C) An adult who is either a member of the Indian child's tribe or an Indian custodian.
  - (D) An adult who is the current foster parent of a child under the juvenile court's jurisdiction, who has established a significant and family-like relationship with the child, and the child and the county child welfare agency, probation department, Indian tribe, consortium of tribes or tribal organization that has entered into an agreement pursuant to Welfare and Institutions Code section 10553.1 identify this adult as the child's permanent connection.
- (3) Relative, for the purposes of state Kin-GAP and as defined by Welfare and Institutions Code section 11362, means an adult who is related to the child by blood, adoption or affinity within the fifth degree of kinship, including stepparents, stepsiblings and all relatives whose status is preceded by the words "great," "great-great" or "grand," or the spouse of any of those persons even if the marriage was terminated by death or dissolution.
- (s) (1) Sibling, as defined by Welfare and Institutions Code section 11391(d), means a child related to the identified eligible child by blood, adoption or affinity through a common legal or biological parent.
- (2) State Kin-GAP Program means aid provided on behalf of children in a kinship guardianship who are not eligible for the federal Kin-GAP program and who meet all general requirements specified in Section 45-602 and all state requirements specified in Section 45-605.
- (t) Reserved.
- (u) Reserved.
- (v) Reserved.
- (w) Reserved.

(x) Reserved.

(y) Reserved.

(z) Reserved.

.2 Definitions-Forms

(a) Reserved.

(b) Reserved.

(c) Reserved.

(d) Reserved.

(e) Reserved.

(f) Reserved.

(g) Reserved.

(h) Reserved.

(i) Reserved.

(j) Reserved.

(k) (1) KG 1 (12/11) "Kin-GAP Mutual Agreement for 18 Year Olds," hereby incorporated by reference, is used for the purpose of obtaining an 18-year-old person's agreement to remain in the Kin-GAP Program after his or her 18th birthday, in accordance with the age requirements of Section 45-602.313.

(2) KG 2 (1/11) "Statement of Facts Supporting Eligibility for Kinship-Guardianship Assistance Payment (Kin-GAP) Program," hereby incorporated by reference, is used to collect information necessary to determine Kin-GAP eligibility at the time of application and reassessment.

(3) KG 3 (12/11) "Kin-GAP Mutual Agreement for Nonminor Former Dependents," hereby incorporated by reference, is used to obtain the nonminor former dependent's agreement to remain in the Kin-GAP Program after his or her 18th birthday, in accordance with the age requirements of Section 45-602.313.

(l) Reserved.

(m) Reserved.

(n) Reserved.

(o) Reserved.

(p) Reserved.

(q) Reserved.

(r) Reserved.

(s) (1) SOC 369 (12/10) "Agency-Relative Guardianship Disclosure," hereby incorporated by reference, is used for the purpose of informing a prospective kinship guardian of the funding and program options available when choosing to take legal guardianship of a related foster child. This form, which is used in conjunction with the SOC 369A, constitutes the written agreement that memorializes the terms, conditions, rights, responsibilities, and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and the relative prior to the establishment of a kinship guardianship. The SOC 369A amends and supplements the SOC 369.

(2) SOC 369A (7/15) "Kinship-Guardianship Assistance Payment (Kin-GAP) Program Agreement Amendment," hereby incorporated by reference, is used for the purpose of amending and supplementing the SOC 369 to memorialize the terms, conditions, rights, responsibilities, and agreements reached between the county child welfare agency, the probation department, or the Title IV-E agreement tribe and a person who is already a kinship guardian. This form implements the state and federal requirement that there be a written, binding agreement with the kinship guardian stipulating, among other things, the Kin-GAP rate of payment and the manner in which the payment can be renegotiated based upon the needs of the child and the circumstances of the kinship guardian. Thus, the SOC 369A form is used both to establish the Kin-GAP rate of payment at the initiation of the case and, as necessary, to amend the initial agreement after the Kin-GAP case has been established.

(t) Reserved.

(u) Reserved.

(v) Reserved.

(w) Reserved.

(x) Reserved.

(y) Reserved

(z) Reserved

Authority cited: Sections 10553, 10554, 10604, 11369, 11393 and 11400, Welfare and Institutions Code.

Reference: Sections 1502(a)(1), 1505, and 1516, Health and Safety Code; Sections 309, 360, 361.3, 366, 366.21, 366.26, 366.3, 727.1, 728, 11054, 11360, 11363(d), 11364(a), 11385, 11386(h), 11387(a), 11391(c), 11400(b), 11400(m), 11400(r), 11400(u), 11401(b), 11401(e), 11402 (b)(1), 11403.01. and 11466.24, Welfare and Institutions Code; 45 CFR 1356.21(d); Public Law 95-608; 25 U.S.C. 1915; and 42 U.S.C. 606.

Adopt Section 45-602 to read:

**45-602 GENERAL KIN-GAP ELIGIBILITY REQUIREMENTS**

**45-602**

.1 Placement Requirement

.11 The child must be placed, via court order or voluntary placement, in the approved home of the relative who is the expected kinship guardian, for at least six consecutive months immediately prior to the dismissal of dependency or wardship.

.2 Eligible Facility

.21 The approved home of a relative need not be reassessed after a child transfers to the state or federal Kin-GAP Program.

.3 Age Requirement

.31 A child or nonminor former dependent must meet one of the following age requirements:

.311 He or she is under 18 years of age.

.312 He or she is under 21 years of age and meets one of the requirements in 45-602.313.

.313 Eligibility after age 18 must be based on one of the following:

(a) If the negotiated payments began prior to the child's 16<sup>th</sup> birthday, a recipient may continue to be eligible for Kin-GAP up to age 19, provided the high school completion conditions pursuant to Welfare and Institutions Code section 11403.01 are met.

(b) If the negotiated payments began after the child's 16<sup>th</sup> birthday, a recipient may continue to be eligible for Kin-GAP up to age 21, provided the extended Kin-GAP provisions of Section 45-606 are met.

(c) Kin-GAP may continue to be provided up to 21 years of age if the recipient has a physical or mental disability that warrants the continuation of assistance.

.4 A child must meet one of the following jurisdictional statuses:

.41 A kinship guardianship was established by the juvenile court while the child was a 300 dependent, and dependency jurisdiction terminated pursuant to Welfare and Institutions Code section 366.3 concurrently or subsequently to the establishment of

the kinship guardianship; or

.42 A kinship guardianship was established by the juvenile court while the child was a 600 ward in foster care, and wardship was terminated pursuant to Welfare and Institutions Code section 728 concurrently or subsequently to the establishment of the kinship guardianship.

.5 A child may not exceed the property limits in Section 42-201 et seq.

.51 For the purposes of determining property eligibility, a child in the Kin-GAP Program is treated in all aspects as a recipient, not as an applicant.

.52 For the purposes of determining property eligibility, an amount not to exceed \$10,000 in cash savings, including interest, in addition to any other property accumulated pursuant to Welfare and Institutions Code section 11257 or 11257.5.

### **HANDBOOK BEGINS HERE**

See Sections 31-002(i)(1), 31-002(i)(1)(A) and 31-525 for the definition and description of the Independent Living Program (ILP).

The above-referenced Section 42-201 refers to the 1996 AFDC regulations.

### **HANDBOOK ENDS HERE**

.6 A child must meet the citizenship and alienage requirements in Sections 42-430 through 42-435.

.7 Case records shall be maintained pursuant to the requirements of Section 48-000 and Section 31-075.

.71 These records shall be kept for a minimum of three years after the Kin-GAP case is closed.

.8 Reassessment of Kin-GAP Eligibility

.81 A reassessment of a child's or nonminor former dependent's circumstances, which are subject to change, shall be completed no less frequently than every two years.

.82 At the time of the reassessment, the Kinship Guardian shall complete the "Statement of Facts Supporting Eligibility for Kinship-Guardian Assistance Payment (Kin-GAP) Program" (KG 2).

.83 Examples of a child's circumstances that are subject to change include, but are not limited to:

- (a) Termination of the kinship guardianship.
  - (b) Failure of the relative to complete a reassessment request.
  - (c) Failure of the guardian to continue to support the child or the nonminor former dependent.
  - (d) Failure of the youth to continue to meet one of the education and employment participation conditions.
- .84 The county shall make efforts to ensure that the relative legal guardian with whom the child resides is aware of the necessity to report any change in need or income for the child.

**HANDBOOK BEGINS HERE**

The above-referenced Sections 42-430 through 42-435 refer to the 1996 AFDC regulations.

**HANDBOOK ENDS HERE**

Authority cited:            Sections 10553, 10554, 11369 and 11393, Welfare and Institutions Code.

Reference:                Sections 360, 366.26, 728, 11363, 11375, 11386, 11390 (d), Welfare and Institutions Code.

Adopt Section 45-604 to read:

**45-604 FEDERAL KIN-GAP PROGRAM**

**45-604**

- .1 To be eligible for federal Kin-GAP, a child or nonminor former dependent shall meet all federal requirements specified in this section and all general requirements specified in Section 45-602.

  - .11 Prior to and at the time the kinship guardianship is established, a child must be eligible to receive federal AFDC-FC pursuant to Sections 45-201 and 45-202.
- .2 Federal Kin-GAP may be provided on behalf of any youth, provided that one of the following conditions was met prior to the establishment of the kinship guardianship:

  - .21 He or she was removed from his or her home pursuant to a voluntary placement; or
  - .22 He or she was removed from his or her home as a result of a judicial determination, including being adjudged a dependent of the juvenile court pursuant to Welfare and Institutions Code section 300, to the effect that continuation in the home would be contrary to the welfare of the child; or
  - .23 He or she was removed from his or her home as a result of a judicial determination, including being adjudged a ward of the juvenile court pursuant to Welfare and Institutions Code sections 601 or 602, to the effect that continuation in the home would be contrary to the welfare of the child.
- .3 The approved relative caregiver must enter into a written binding agreement (SOC 369 & SOC 369A) with the county of placement prior to a court ordering the kinship guardianship pursuant to Welfare and Institutions Code sections 360, 366.26 or 728.
- .4 A federal Kin-GAP payment may be made on behalf of a sibling of a Title IV-E eligible child, regardless of the sibling's Title IV-E eligibility status, when the following conditions are met:

  - .41 An eligible child and his or her sibling are placed in the same kinship guardianship arrangement; and
  - .42 The kinship guardian and the county child welfare department, the probation department or the Indian tribe with a Title IV-E agreement, agree that the placement of the sibling is appropriate as evidenced by a determination that the guardianship arrangement meets the sibling's physical, mental and developmental needs; and
  - .43 Each sibling meets the citizenship and alienage requirements pursuant to Section 45-602.6.

- .44 Each sibling meets the written agreement requirement pursuant to Section 45-604.3.
- .5 A child's case file shall contain the following forms or documents, as needed, to demonstrate eligibility for the federal AFDC-FC Program pursuant to Sections 45-202 and 45-203 prior to transferring to a Kin-GAP case:
- (a) CW 2.1 (Rev. 8/04) "Notice and Agreement for Child, Spousal and Medical Support" hereby incorporated by reference.
  - (b) CW 2.1 (Rev. 7/01) "Q-Support Questionnaire" hereby incorporated by reference.
  - (c) FC 2 (Rev. 11/04) "Statement of Facts Supporting Eligibility for Title IV-E Foster Care."
  - (d) FC 3 (Rev. 11/04) "Determination of Title IV-E Foster Care Eligibility."
  - (e) FC 3A (Rev. 11/04) "AFDC-FC Worksheet."
  - (f) If applicable, KG 1 (12/11) "Kin-GAP Mutual Agreement for 18-Year Olds."
  - (g) KG 2 (1/11) "Determination of Kin-GAP Eligibility."
  - (h) If applicable, KG 3 (12/11) "Kin-GAP Mutual Agreement for Nonminor Former Dependents."
  - (i) SOC 369 (12/10) "Agency-Relative Guardianship Disclosure."
  - (j) SOC 369A (7/15) "Kinship-Guardianship Assistance Payment Program Agreement Amendment."
  - (k) Any applicable county forms required to document the child's eligibility for a specialized care increment, a whole foster family home payment, a dual agency rate, a clothing allowance or other benefit that the child receives.
  - (l) Court order terminating dependency or wardship.
  - (m) Court order establishing kinship guardianship or a copy of the letters of guardianship.
  - (n) Relative approval documents, including criminal background and child abuse registry checks, pursuant to Welfare and Institutions Code section 361.4
  - (o) Case plan update submitted to a court prior to establishing kinship guardianship that includes information pursuant to Section 31-206.317.

## **HANDBOOK BEGINS HERE**

Section 31-206.317 provides that a child's case plan shall include the following:

"A description of the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted.

The reason(s), if any, for any separation of siblings during placement.

The reason(s) why a guardianship with a fit and willing relative through kinship guardianship assistance arrangement is in the child's best interest.

The ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment.

The efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reason(s) why not.

The efforts the agency has made to discuss with the child's parent(s) the kinship guardianship assistance arrangement, or the reasons why the efforts were not made."

## **HANDBOOK ENDS HERE**

### .6 Successor Guardian

- .61 A successor guardian, who was appointed pursuant to Welfare and Institutions Code section 366.3, can receive a federal Kin-GAP payment if the appointment was due to the death or incapacity of the kinship guardian and the successor guardian is named in the written agreement, or any amendment to the agreement. The six-month placement requirement will be waived for the successor guardian if an assessment has been done pursuant to Welfare and Institutions Code sections 361.3 and 361.4 and dependency jurisdiction has been terminated.

Authority cited: Sections 10553, 10554, and 11393, Welfare and Institutions Code.

Reference: Sections 7660 et. seq., 7800 et. seq., and 7911.1, Family Code; Section 1505, Health and Safety Code; Sections 366.26, 11400(m), 11400(o), 11401(b), 11401 (e), 11401(f), 11402, 11402.1, 11385 to 11393 and 16507.4, Welfare and Institutions Code; Public Law 95-608; Public Law 96-272; 42 U.S.C. 606; 25 U.S.C. 1915; 42 U.S.C. 671; 42 U.S.C. 672(a)(2) and 672(a)(4); *Capitola Land et al. v. Anderson*, 55 Cal. App. 4th 69, 63 Cal. Rptr.2d 717, (1997); and *Anderson v. Superior Court*, 68 Cal. App. 4th 1240, 80 Cal. Rptr.2d 891, (1998).

Adopt Section 45-605 to read:

**45-605 STATE KIN-GAP PROGRAM**

**45-605**

- .1 A child or nonminor former dependent is eligible to receive state Kin-GAP assistance if he or she is found to be ineligible to receive federal Kin-GAP. The child or nonminor former dependent shall meet all state requirements specified in this section and all general requirements specified in Section 45-602.
- .2 State Kin-GAP may be provided on behalf of any child or nonminor former dependent, provided that one of the following conditions was met prior to the establishment of the kinship guardianship:

  - .21 He or she was adjudicated a dependent of the juvenile court pursuant to Welfare and Institutions Code section 300; or
  - .22 He or she was adjudicated a ward of the juvenile court pursuant to Welfare and Institutions Code section 601 or 602.
- .3 The kinship guardian enters into a written binding agreement (SOC 369 & 369A) with the county of jurisdiction pursuant to Welfare and Institutions Code sections 360, 366.26 or 728.
- .4 The case file shall contain the following forms, as needed, to demonstrate eligibility for the State Kin-GAP Program:

  - (a) CW 2.1 (Rev. 8/04) "Notice and Agreement for Child, Spousal and Medical Support" hereby incorporated by reference.
  - (b) CW 2.1 (Rev. 7/01) "Q-Support Questionnaire" hereby incorporated by reference.
  - (c) If applicable, the KG 1 (12/11) "Kin-GAP Mutual Agreement for 18-Year Olds."
  - (d) KG 2 (1/11) "Determination of Kin-GAP Eligibility."
  - (e) KG 3 (12/11) "Kin-GAP Mutual Agreement for Nonminor Former Dependents."
  - (f) SOC 369 (12/10) "Agency-Relative Guardianship Disclosure."
  - (g) SOC 369A (7/15) "Kinship-Guardianship Assistance Payment Program Agreement Amendment."
  - (h) County forms are required to document the child's eligibility for a specialized care increment, a whole foster family home payment, a dual agency rate, a clothing allowance or other benefits that the child receives.

- (i) Court order terminating dependency or wardship.
- (j) Court order establishing kinship guardianship or a copy of the letters of guardianship.
- (k) Case plan update submitted to court prior to establishing kinship guardianship that includes information pursuant to Sections. 31-225.17 and 31-206.317.

### **HANDBOOK BEGINS HERE**

"A description of the steps that the agency has taken to determine that it is not appropriate for the child to be returned home or adopted.

The reason(s), if any, for any separation of siblings during placement.

The reason(s) why a guardianship with a fit and willing relative through kinship guardianship assistance arrangement is in the child's best interest.

The ways in which the child meets the eligibility requirements for a kinship guardianship assistance payment.

The efforts the agency has made to discuss adoption by the child's relative foster parent as a more permanent alternative to legal guardianship and, in the case of a relative foster parent who has chosen not to pursue adoption, documentation of the reason(s) why not.

The efforts the agency has made to discuss with the child's parent(s) the kinship guardianship assistance arrangement or the reasons why the efforts were not made."

### **HANDBOOK ENDS HERE**

#### .5 Subsequent Guardian

- .51 A subsequent guardian, or co-guardian who was appointed pursuant to Welfare and Institutions Code section 366.3 after the initial guardianship had been established, does not have to complete a six-month placement period. The six-month period will be waived for the subsequent guardian or co-guardian if an assessment has been done pursuant to Welfare and Institutions Code sections 361.3 and 361.4 and dependency jurisdiction has been terminated. The subsequent guardian need not have been named in the initial Kin-GAP agreement or any amendment thereto.

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 7660 et. seq., 7800 et. seq., and 7911.1, Family Code; Sections 366.26, 11360 to 11376, 11400(m), 11400(o), 11401(b), 11401(e), 11401(f), 11402, 11402.1, and 16507.4, Welfare and Institutions Code; Section 366.3 and 1505, Health and Safety Code; 45 C.F.R. 1356.30; Public Law 95-608; Public Law 96-272; 25 U.S.C. 1915; 42 U.S.C. 606; 42 U.S.C. 671; 42 U.S.C. 672(a)(2) and 672(a)(4); *Capitola Land et al. v. Anderson*, 55 Cal. App. 4th 69, 63 Cal.Rptr.2d 717, (1997); and *Anderson v. Superior Court*, 68 California App. 4th 1240, 80 Cal.Rptr.2d 891, (1998).

Adopt Section 45-606 to read:

**45-606 EXTENDED KIN-GAP**

**45-606**

- .1 A nonminor former dependent meeting the age requirement pursuant to 45-602.313 (b) shall be eligible for extended Kin-GAP when the following conditions are met:
  - .11 The nonminor former dependent and the county representative have completed and signed the Kin-GAP Mutual Agreement for Nonminor Former Dependents (KG 3) within 30 working days after the nonminor former dependent's 18<sup>th</sup> birthday; and
  - .12 The nonminor former dependent meets at least one of the following conditions:
    - .121 Is completing secondary education or a program leading to an equivalent credential.
    - .122 Is enrolled in an institution that provides postsecondary or vocational education.
    - .123 Is participating in a program or activity designed to promote, or remove barriers to employment.
    - .124 Is employed for at least 80 hours per month.
    - .125 Is incapable of doing any of the activities described in Sections 45-606.121 through 45-606.124, inclusive, due to a medical condition; and that incapability is supported by regularly updated information in the individual's case plan.

Authority cited: Sections 10553, 10554, 11369 and 11393, Welfare and Institutions Code.

Reference: Sections 10103.5, 11364, and 11386, Welfare and Institutions Code.

Adopt Section 45-607 to read:

**45-607 PAYMENT**

**45-607**

.1 Beginning Date of Aid

.11 When an AFDC-FC foster child becomes eligible for Kin-GAP during the month, the child shall continue to receive benefits under the AFDC-FC foster care program pursuant to Sections 45-202 or 45-203, as applicable, to the end of that calendar month; and Kin-GAP shall begin on the first day of the following month.

.12 When a foster child receiving CalWORKs becomes eligible for Kin-GAP during the month, the child shall continue to receive benefits under the CalWORKs Program as appropriate to the end of that calendar month; and Kin-GAP shall begin on the first day of the following month.

.2 Suspension of Payment

.21 A Kin-GAP payment shall be suspended due to any of the following:

.211 The guardian fails to complete and return the Determination of Kin-GAP Eligibility (KG 2) within two weeks of the date it was mailed.

.212 The guardian is no longer providing support and care to the child or nonminor former dependent.

.213 The nonminor former dependent is no longer completing one of the extended Kin-GAP requirements pursuant to Section 45-606.12.

.214 The child or nonminor former dependent is subsequently incarcerated and wardship is established. Consistent with ACL 11-28, the child remains eligible for Kin-GAP payment if the child returns to the care of the relative guardian and all other eligibility conditions are met.

.215 A Kin-GAP payment can be resumed if the conditions listed in .211 through .214 are no longer applicable.

.3 Kin-GAP Budgeting Methods

.31 The budget period for the computation of a Kin-GAP payment shall be the current month. The Kin-GAP payment shall be computed on the basis of known or estimated income in the current calendar month.

.4 Last Date of Payment

- .41 Date of termination of the guardianship with a kinship guardian shall terminate eligibility for Kin-GAP.
- .42 Date the child or nonminor former dependent does not meet age requirements pursuant to Section 45-602.31 shall terminate eligibility for Kin-GAP.
- .43 The date the voluntary placement agreement or court order transfers placement and care responsibility from the guardian to the county welfare or probation department shall terminate eligibility for Kin-GAP, unless the condition described in Section 45-607.214 applies.

.5 Parent in Home With Youth

- .51 If the parent moves into the home with the Kin-GAP youth and kinship guardian, the Kin-GAP payments shall continue, assuming all other eligibility requirements continue to be met.

.6 The income requirements of Sections 44-100 through 44-133 and Section 44-207 shall apply unless the child or nonminor former dependent meet one of the following:

- .61 Is participating in the Job Training Partnership Act of 1982 (Public Law 97-300); or
- .62 Is a former dependent or ward of the juvenile court who is a full-time student pursuant to the Deficit Reduction Act of 1984 (Public Law 97-369); or
- .63 Is a nonminor former dependent or ward of the juvenile court, or 16 years of age or older, and is participating in the Independent Living Program pursuant to the Omnibus Budget Reconciliation Act of 1985 (Public Law 99-272).

.7 Kin-GAP Payment Offset

- .71 Earned income that does not meet one of the specified conditions under 45-607.61 through 45-607.63 is to be offset against the amount of the Kin-Gap payment.
- .72 For a child or nonminor former dependent receiving state-funded Kin-GAP, Supplemental Security Income (SSI/SSP) or Social Security Survivor's benefits are to be treated as income. The state Kin-GAP payment is to be offset dollar for dollar against the SSI/SSP or Social Security Survivor's payment. For a child or nonminor former dependent receiving federally funded Kin-GAP, SSI/SSP or Social Security Survivor's benefits are not to be counted as income. The Social Security Administration will offset the SSI/SSP or Social Security Survivor's payment against the federal Kin-GAP payment.

.73 For a child or nonminor former dependent receiving state-funded Kin-GAP, Social Security Disability benefits are to be treated as income. The state Kin-GAP payment is to be offset against the Social Security Disability payment pursuant to the \$225 disregard regulations, Sections 44-111.23 and 44-113.214. For a child or nonminor former dependent receiving federally funded Kin-GAP, Social Security Disability benefits are not to be counted as income. The Social Security Administration will offset the Social Security Disability payment against the federal Kin-GAP payment.

.8 Filing of a Welfare and Institutions Code section 388 Petition

.81 After the filing of a petition pursuant to Welfare and Institutions Code Section 388, the Kin-GAP payment shall continue unless any of the following occur:

.82 The guardianship is terminated; or

.83 The court orders that the child be removed from the guardian's home; or

.84 After the conclusion of the hearing on the 388 petition, dependency jurisdiction is maintained by the juvenile court; or

.85 The placement and care responsibility is transferred from the guardian to the county welfare or probation department.

**HANDBOOK BEGINS HERE**

The above-referenced Sections 44-100 through 44-133 and 44-207 refer to the 1996 AFDC regulations.

**HANDBOOK ENDS HERE**

Authority cited: Sections 10553, 10554, 11369, and 11393, Welfare and Institutions Code.

Reference: Section 7911.1, Family Code; Sections 361.21, 366, 727.1, 11017, 11056, 11360 to 11376, 11385 to 11393; 11400(f), 11401, 11402, 11403, 11450, and 11466.24, Welfare and Institutions Code; Section 472(a)(1), Social Security Act.

Amend Section 90-101 to read:

**90-101 DEFINITIONS AND FORMS (continued)**

**90-101**

.1 (continued)

(a) (1) (continued)

(k) ~~(1) KG-1~~ The ~~Mutual Agreement for 18 Year Olds~~ is used to obtain an 18-year old child's agreement to remain in the Kin-GAP Program after his/her 18th birthday, in accordance with the Age requirements of Section 42-101.

~~(2) KG-2~~ The "Statement of Facts Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program" (Rev. 11/99) is used to collect information necessary to determine Kin-GAP eligibility at the time of application and redetermination.

~~(3)~~(1) KG 2-A "Rights, Responsibilities and Other Important Information" is used to inform relative caretakers of their rights and responsibilities under the Kinship Guardianship Assistance Payment (Kin-GAP) Program (Rev. 12/99).

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code.

Reference: Sections 366.26, 11054, and 11362, Welfare and Institutions Code.

# Kin-GAP MUTUAL AGREEMENT FOR 18 YEAR OLDS

CASE NAME
BIRTH DATE
CASE NUMBER

I request that the \_\_\_\_\_ County Welfare Department/Probation Department or \_\_\_\_\_ Tribe  
 (circle appropriate public agency)

maintain my Kin-GAP payment until the completion of my education/training by age 19.

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. Keep the responsible public agency informed of my progress with my education/training program.
3. Give reasonable notice if I leave my guardian's home for more than a temporary absence.

SIGNATURE OF KIN-GAP YOUTH		Kin-GAP YOUTH'S ELIGIBILITY WORKER	
ADDRESS		ADDRESS	
TELEPHONE ( )	ALTERNATIVE TELEPHONE ( )	TELEPHONE ( )	
DATE		DATE	

**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	VERIFICATION
<p>20) Does this child have special needs, i.e., health and/or behavior problems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p>	<p>ILP</p>
<p><b>COMPLETE BELOW FOR CHILDREN 18 AND OLDER</b></p>	<p>VERIFICATION BY SCHOOL <input type="checkbox"/> YES</p>
<p>21) Expected graduation/completion before the 19th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>23) Was guardianship ordered in a juvenile court after the youth's 16th birthday? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, is youth participating in one of the following activities (Note: this provision does not apply until January 2, 2012):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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).</li> <li><input type="checkbox"/> Enrolled in an institution which provides post-secondary (e.g., university or college) or vocational education (e.g., trade school).</li> <li><input type="checkbox"/> 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).</li> <li><input type="checkbox"/> Employed for at least 80 hours per month.</li> <li><input type="checkbox"/> Is incapable of doing any of the previously described educational or employment activities due to a documented medical condition.</li> <li><input type="checkbox"/> None of the above.</li> </ul>	<p>SCHOOL ATTENDANCE GRADUATION <input type="checkbox"/></p> <p>GUARDIANSHIP VERIFIED</p> <p>CHILD SUPPORT REFERRAL BEST INTEREST DETERMINATION NOT TO REFER</p>
<p>LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.</p> <p>_____ SIGNATURE OF LEGAL GUARDIAN</p>	<p><input type="checkbox"/> NOT ELIGIBLE</p> <p><input type="checkbox"/> ELIGIBLE</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> FEDERAL</li> <li><input type="checkbox"/> NONFEDERAL</li> <li><input type="checkbox"/> OTHER</li> </ul>
<p>_____ COUNTY WHERE SIGNED</p> <p>_____ SIGNATURE OF ELIGIBILITY WORKER</p> <p>_____ SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR</p>	<p>_____ DATE</p> <p>_____ DATE</p> <p>_____ DATE</p>

**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.

# 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

# AGENCY-RELATIVE GUARDIANSHIP DISCLOSURE

ONE COPY TO: Relative Caregiver  
Child's Social Services Record  
Child's Eligibility Record

**NOTE:** THIS DISCLOSURE MUST BE COMPLETED PRIOR TO A RELATIVE BECOMING LEGAL GUARDIAN

NAME OF CHILD:		CAREGIVER'S NAME:	
DATE PLACED WITH THIS RELATIVE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:	

**Initial Here:**

- \_\_\_\_\_ I understand that I am not required to change custodial status from relative caregiver to legal guardian. However, if I decide to become a legal guardian, court dependency may be dismissed.
- \_\_\_\_\_ I have been provided a Guardianship Pamphlet.

**1. AFDC-Foster Care to Kin-GAP  
Initial Here:**

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child's payment will change from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month.
- When the child reaches age 18 years, the child must complete the Kin-GAP Mutual Agreement for 18 year olds to continue to receive Kin-GAP payments until they reach the age of 19 years or completes their secondary education or vocational training prior to 19 years.
- The child may be eligible for continued benefits up to age 21 years if the child has a mental or physical disability. If you start to receive Kin-GAP benefits before the child's 16th birthday and the child does not have such a disability, the child will not be eligible for the up-to-age 21 extension of benefits that comes into effect as of January 1, 2012.
- The child will no longer be eligible to receive an AFDC-Foster Care payment.
- The child's siblings are eligible for Kin-GAP if they live in the same household.
- The child will be eligible to receive a clothing allowance and the state supplemental clothing allowance.
- The child may be eligible to receive a specialized care increment if already in receipt of a specialized care increment or may receive a specialized care increment if the needs of the child change in the future. Note: the amount of the specialized care increment may be increased or decreased based on changes to the child's special needs.
- If the child is a consumer of California regional center services, he/she will be eligible for a dual agency rate and may be eligible for a supplemental rate.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you the caregiver or the child. However the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.
- The Infant Supplement and the \$200 Shared Responsibility Plan increment may be payable in Kin-GAP.
- If I move to another county, the Kin-GAP rate paid to me will be based on the host county's rate, or the rate of the county which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county rate cannot be paid.

- If I move out of state, the Kin-GAP payment may continue. In addition, if I remain eligible for a Kin-GAP payment, after moving out of state, I will be eligible for Medicaid based on that state's Medicaid program.
- If the child is eligible for Kin-GAP, he/she will also be eligible for Medi-Cal.
- The child's Kin-GAP and Medi-Cal eligibility may be impacted if resources exceed \$10,000 or residence is out of state.
- Any income, which the youth has earned as part of their transitional independent living plan, is exempt.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.

**2. AFDC-FC to CalWORKs**  
Initial Here:

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child's payment will change from \$\_\_\_\_\_ to \$\_\_\_\_\_ per month.
- The child will not receive an AFDC-Foster Care payment.
- The child will not receive a clothing allowance or a specialized care increment.
- The child will not be eligible for the Transitional Housing Program.

**3. CalWORKs to Kin-GAP**  
Initial Here:

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child's payment will change from \$\_\_\_\_\_ to \$\_\_\_\_\_ per month.
- The child's siblings are eligible for Kin-GAP if they live in the same household.
- The child cannot get both CalWORKs and Kin-GAP payments.
- The child will no longer be eligible to receive Cal-Learn benefits.
- The child will no longer be eligible to receive CalWORKs child care services.
- The child will be eligible to receive a clothing allowance and may be eligible to receive a specialized care increment if the needs of the child change in the future. Note: the amount of the specialized care increment may be increased or decreased based on changes to the child's special needs.
- If the child is a consumer of California regional center services, he/she will be eligible for a dual agency rate and may be eligible for a supplemental rate.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you the caregiver or the child. However, the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.

- When the child reaches age 18 years, the child must complete the Kin-GAP Mutual Agreement for 18 year olds to continue to receive Kin-GAP payments until they reach the age of 19 years or completes their secondary education or vocational training prior to 19 years.
- The child may be eligible for continued benefits up to age 21 years if the child has a mental or physical disability. If you start to receive Kin-GAP benefits before the child's 16th birthday and the child does not have such a disability, the child will not be eligible for the up-to-age 21 extension of benefits that comes into effect as of January 1, 2012.
- The Infant Supplemental and the \$200 Shared Responsibility Plan increment may be payable in Kin-GAP.
- If I move to another county, the Kin-GAP rate paid to me will be based on the host county's rate, or the rate of the county which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county rate cannot be paid.
- If I move out of state, the Kin-GAP payment may continue. In addition, if I remain eligible for a Kin-GAP payment, after moving out of state, I may be eligible for Medicaid based on that state's Medicaid program.
- If the child is eligible for Kin-GAP, he/she will also be eligible for Medi-Cal.
- The child's Kin-Gap and Medi-Cal eligibility may be impacted if resources exceed \$10,000 or residence is out of state.
- Any income, which the youth has earned as part of their transitional independent living plan, is exempt.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.
- If the relative caregiver is on CalWORKs and is caring for one or more foster children and all children in the assistance unit move to Kin-GAP, the caregiver may continue to remain eligible for a CalWORKs grant as a family of one.

**4. Remain CalWORKs**  
Initial Here:

\_\_\_\_\_ I understand that by becoming a relative legal guardian of \_\_\_\_\_:

- The child will not receive an AFDC-Foster Care or Kin-GAP payment.
- The child will remain eligible to CalWORKs.

**Services**

If you become guardian of this child and the court dependency is terminated:

**Initial Here:**

\_\_\_\_\_ I understand that I may receive assistance from the county child welfare agency if it is necessary to terminate guardianship or to appoint a co-guardian for the child.

\_\_\_\_\_ I understand that I may renegotiate the payment if my circumstances or the needs of the child change;

\_\_\_\_\_ I understand that the child and I will no longer be assigned a social worker;

\_\_\_\_\_ I understand that the child and I will no longer be required to go to court;

\_\_\_\_\_ I understand that the child will no longer have a court appointed attorney;

\_\_\_\_\_ I understand that I am not prevented from adopting this child at any time in the future;

\_\_\_\_\_ I understand that I may still contact the county if I need assistance at \_\_\_\_\_;

\_\_\_\_\_ Other: \_\_\_\_\_

**Some Important Kin-GAP Information**

These are some of the important things you should know about Kin-GAP:

**Initial Here:**

- \_\_\_\_\_ I understand that every two years I will be required to complete a review of the child's circumstances with the county. I understand that I must report within 5 days any changes which may affect the child's eligibility for the program.
- \_\_\_\_\_ I understand that if I move to another county/state, my payment will be based on the host county's/state's rate, or the rate of the county/state which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county/state rate cannot be paid.
- \_\_\_\_\_ I understand that any specialized care increment that I receive may change based on the child's health or behavioral needs.

I have read the above and understand all of the legal guardianship options that are available to me (adoption, legal guardianship, long-term foster care). After considering all the options, I have voluntarily chosen legal guardianship with the associated payment noted above.

I have chose option #      1      2      3      4      (*Circle one*)

SIGNATURE OF SOCIAL WORKER: 		SIGNATURE OF RELATIVE LEGAL GUARDIAN: 	
TITLE/AGENCY:		TITLE/AGENCY:	
ADDRESS:		ADDRESS:	
TELEPHONE NUMBER (    )		TELEPHONE NUMBER (    )	
DATE:		DATE:	

**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 provide SSN may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**

**KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP) PROGRAM AGREEMENT AMENDMENT**

*This form amends and supplements the SOC 369 to memorialize the terms, conditions, rights, responsibilities, and agreements reached between the county child welfare agency, probation department or Title IV-E agreement tribe and the relative guardian.*

**NOTICE:** This agreement describes the guardianship assistance benefit that you will receive. If you agree, please sign the agreement and return it to the responsible public agency. If you disagree, please contact the responsible public agency. If you and the agency cannot reach an agreement, you will receive a Notice of Action which explains how to request a state hearing to resolve the matter.

I/We, \_\_\_\_\_ and \_\_\_\_\_, have  
(NAME OF LEGAL GUARDIAN) (NAME OF LEGAL GUARDIAN)

entered into an agreement with the \_\_\_\_\_ for a  
(NAME OF RESPONSIBLE PUBLIC AGENCY)

(check one)  federally eligible;

state eligible

Kinship Guardianship Assistance Payment (Kin-GAP) for \_\_\_\_\_  
(NAME OF CHILD)

This Kin-GAP Agreement will continue until it is modified or terminated in accordance with its terms.

This is (check one)  an initial agreement

an amendment to the agreement dated \_\_\_\_\_  
(DATE OF INITIAL AGREEMENT)

1. A Kin-GAP benefit of \$ \_\_\_\_\_ per month is authorized to begin \_\_\_\_\_  
(BEGINNING DATE OF PAYMENT)

The child's needs must be reassessed at least every two years. The next scheduled reassessment is

\_\_\_\_\_  
(REASSESSMENT DATE)

2. Unless the benefit is ending because of age, \_\_\_\_\_ will send a Statement of Facts  
(RESPONSIBLE PUBLIC AGENCY)

Supporting Eligibility for Kinship Guardianship Assistance Payment (Kin-GAP) Program (KG 2 form), at least 60 days before the next reassessment date. I/We shall complete the KG 2 and return it within 14 days to

\_\_\_\_\_  
(RESPONSIBLE PUBLIC AGENCY)

I/We understand that failure to complete and return this form in a timely manner may result in an interruption, delay or termination in the receipt of the benefit.

3. If applicable, any specialized care increment (SCI) that the child receives may change as the needs of the child change.
4. A child receiving Kin-GAP shall be eligible for an age-related increase after his or her 5th, 9th, 12th and 15th birthdays. (In Marin County, the age-related increase occurs after his or her 5th, 7th, 12th, 13th and 15th birthdays.)
5. The Kin-GAP benefit may not exceed the age-related, state-approved foster family home care rate, and any applicable state-approved SCI, that would have been paid if the child had remained in foster care.
6. The Kin-GAP payment that the child receives may change if other income is received by or on behalf of the child.
7. A child receiving Kin-GAP benefits may retain cash and other assets subject to limitations established by law.
8. A child receiving Kin-GAP shall be eligible for a clothing allowance in accordance with state law and as established by the county of legal responsibility.

- 
9. For a youth eligible for a Kin-GAP benefit who is a teen parent and has a child living in the same home, the rate may include a two hundred dollar (\$200) monthly payment made to the relative caregiver in a whole family foster home.
10. If a child is living with a teen parent who is eligible for Kin-GAP benefits, the rate paid to the relative guardian on behalf of the teen parent shall include the "infant supplement" which is an additional benefit for the care and supervision of the child.
11. Payments on behalf of a child who is a recipient of Kin-GAP benefits and who is also a consumer of a California regional center services shall be based on the dual agency rates established by the State Department of Social Services.
12. Continuation of the Kin-GAP benefit depends upon my/our responsibility for the support of the child and on the child's continued receipt of my/our support.
13. I/We agree to inform the agency immediately if any of the following occurs:
- Our address changes.
  - The youth is no longer residing in the family home.
  - I/We are no longer providing any type of support to the youth.
  - I/We are no longer responsible for the support of the youth.
  - Guardianship is terminated and/or dependency is reinstated.
  - The child begins to receive earned or unearned income (i.e., Social Security, SSI/SSP, other).
- Failure to report these changes may result in an overpayment which may be recovered by a one-time charge or a reduction in current and future Kin-GAP benefits.
14. I/We understand that \_\_\_\_\_ will remain eligible to receive a Kin-GAP benefit from the State of California regardless of where I/we reside.  
(NAME OF CHILD)
15. I/We understand that under the terms of this agreement the child is eligible for medical services under Medi-Cal, California's Medicaid program. It is understood that if we move to another state we will need to apply for Medicaid in that state. I/We are aware that medical coverage and social services may vary in other states.
16. I/We understand that the child will not be eligible to receive a Kin-GAP payment after reaching the age of 18 years unless he or she is in school and is expected to graduate by the age of 19 years.
17. Effective January 1, 2012, a former dependent child or ward of the juvenile court who is eligible for the Kin-GAP program and who attained 16 years of age before originally entering the Kin-GAP program shall continue to receive aid up to 19 years of age; effective January 1, 2013, up to 20 years of age; and, effective January 1, 2014, up to 21 years of age [the extension of benefits for those between 20 and 21 years of age shall be contingent upon appropriation by the California Legislature], as long as one or more of the following conditions exist:
- (1) The individual is completing secondary education or a program leading to an equivalent credential.
  - (2) The individual is enrolled in an institution which provides postsecondary or vocational education.
  - (3) The individual is participating in a program or activity designed to promote or remove barriers to employment.
  - (4) The individual is employed for at least 80 hours per month.
  - (5) The individual is incapable of doing any of the activities described in (1) to (4), inclusive, due to a medical condition, and that incapability is supported by regularly updated information in the case plan of the individual.
18. Kin-GAP benefits shall continue to age 21 if the youth has a physical or mental disability that warrants the continuation of assistance.
- Pursuant to Welfare and Institutions Code Section 1403(c), relative guardians who receive Kin-GAP payments are responsible for reporting to the responsible public agency when the nonminor former dependent no longer satisfies at least one of the five conditions described above.

19. I/We understand that under the terms of this agreement the child is eligible for services which include assistance in the filing of a petition to appoint a co-guardian or a successor guardian for the child to have dependency jurisdiction resumed, or to terminate guardianship.
20. I/We will not be charged or have to pay any fees or costs to establish guardianship.
21. Once the youth attains the age of 16, he or she may request and receive independent living program services.
22. The youth, who was in foster care between the ages of 16 - 18 while under the care and custody of the juvenile court, is eligible to apply for a Chaffee Education and Training Voucher.
23. I/We acknowledge that a copy of this written agreement has been received.
24. I/We understand that reimbursement can be made for reasonable and verified nonrecurring expenses incurred from obtaining legal guardianship to the extent the expenses don't exceed \$2,000. Reimbursement shall not be made for costs otherwise reimbursed from other sources.
25. In the event of my death or incapacitation I/we would like \_\_\_\_\_ to become the successor guardian.  
(NAME OF SUCCESSOR GUARDIAN)

I/We are in agreement with the provisions of this document.

I/We are not in agreement with the provisions of this document and request a state hearing.

LEGAL GUARDIAN	DATE	RESPONSIBLE PUBLIC AGENCY REPRESENTATIVE	DATE
LEGAL GUARDIAN	DATE	RESPONSIBLE PUBLIC AGENCY NAME, ADDRESS TELEPHONE NUMBER	

**TO REQUEST A REASSESSMENT, GET HELP CONCERNING GUARDIANSHIP OR TO REQUEST SERVICES, PLEASE CALL OR WRITE THE PUBLIC AGENCY LISTED ABOVE.**

**NOTICE AND AGREEMENT FOR  
CHILD, SPOUSAL AND MEDICAL SUPPORT****Complete one form for each noncustodial  
parent or alleged father.****Assignment and Cooperation Rules**

You must assign (give to) the county any rights you may have for:

- Any child or spousal support payments you get while receiving cash aid.
- Medical support you get while getting Medi-Cal.

The receipt of a cash aid payment and/or Medi-Cal Benefits Identification Card (BIC) will assign the past and present support rights of all persons for whom you are requesting cash aid and/or medical assistance. You will be sent facts on the amount of support the county gets from the noncustodial parent(s).

**Cooperation**

You must cooperate with the county and the Local Child Support Agency (LCSA) to:

- Identify and locate any noncustodial parent/alleged father in your case;
- Tell the county or LCSA any time you get facts about the noncustodial parent/alleged father, such as place of residence or work location;
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate by completing this Notice and Agreement;
- Complete the Child Support Questionnaire (CW 2.1Q) for each noncustodial parent or alleged father;
- Establish paternity and get child and/or spousal support;
- Submit to genetic testing if paternity is in question;
- Obtain any other payments or property due any member of your assistance unit;
- Obtain medical support money from any noncustodial parent and, if you get cash aid, obtain child support money;
- Tell the county about medical coverage or money for medical services paid by the noncustodial parent and complete the Health Insurance Questionnaire form (DHS 6155);
- Give the LCSA any medical support money from any noncustodial parent, and any child/spousal support money you get;
- Appear at the county or LCSA office to sign papers or give required facts;
- Appear at hearings or in court when necessary;
- Fill out and sign an Attestation Statement, if asked by the LCSA. On this form you declare under penalty of perjury that you have given all the facts you know about the noncustodial parent/alleged father. If you sign the form and you do not report all the facts or give wrong facts, you can be fined or sent to jail/prison.

**Benefits of Cooperation**

Your cooperation can help you and your child(ren). Finding the noncustodial parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The LCSA will continue enforcement after you go off cash aid or Medi-Cal unless you make a request in writing to the LCSA to stop.

**Good Cause for Not Cooperating**

- Good cause is the right to refuse to cooperate because it is not in the best interests of you or your child(ren).
- You have the right to claim good cause for not cooperating if you have an acceptable reason for refusing to cooperate with the county and the LCSA.
- The back of this form gives you facts about good cause. If you want more facts about good cause and/or refusal to cooperate, ask your worker to explain them to you.

**Penalty for Refusal to Cooperate**

If you do not have good cause, there are penalties if you refuse to assign support rights, refuse or fail to give the county any support given to you by the noncustodial parent(s), or refuse to cooperate with the LCSA, including in determining paternity.

- **For cash aid applicants/recipients:**

- If you refuse to assign support rights or refuse/fail to give the county any support given to you, you will not be eligible for cash aid or Medi-Cal. Your child(ren) may still be eligible for aid/benefits and your case will be referred to the LCSA.
- If you refuse or fail to cooperate in the paternity or support enforcement process, your family's grant will be lowered by 25 percent until you cooperate and you may not get Medi-Cal. This penalty ends effective the first day of the month in which you do cooperate.

- **For applicants/beneficiaries of Medi-Cal Only:** You will not be eligible for Medi-Cal benefits, but your child(ren) may still be eligible.

**Certification and Agreement:**

- I understand my rights and responsibilities as written on this notice.
- I understand the rules for assigning support rights to the county.
- I also understand my right to claim good cause.

I agree to cooperate with the county and the LCSA as listed above.

I claim good cause and refuse to cooperate at this time.

NAME OF NONCUSTODIAL PARENT/ALLEGED FATHER

I refuse to assign child/spousal support rights (cash aid).

I refuse to assign medical support rights (cash aid and Medi-Cal).

Signature of Parent or Caretaker Relative,  
or Medi-Cal Applicant/Beneficiary

Date

Case Name

Case Number

I certify that I have notified the applicant, cash aid recipient, or Medi-Cal beneficiary of his/her rights and responsibilities by means of this notice and orally as needed.

County Worker's Signature

Worker's Number

Date

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## **YOUR RIGHT TO CLAIM GOOD CAUSE**

### **Reasons for Claiming Good Cause:**

- Cooperation would increase the risk of physical, sexual, or emotional harm to the child(ren).
- Cooperation would increase the risk of domestic abuse for the parent or caretaker relative.
- The child(ren) was conceived due to incest or rape.
- Court proceedings are going on for the adoption of the child(ren).
- You are working with an adoption agency to help you decide whether to keep or place the child(ren) for adoption.
- You are cooperating in good faith but are not able to identify or help locate the noncustodial parent.
- You have other credible reasons why cooperation would not be in the best interest of the child(ren).

### **How to Claim Good Cause:**

- If you want to claim good cause, you must tell your worker. You can do this whenever you believe you have good cause not to cooperate.
- You must also complete and sign the Good Cause Claim form which your worker will give you.
- If you claim good cause, you must:
  - Give the county proof that you have good cause for refusing to cooperate.
  - Give the proof to the county within 20 days of claiming good cause. The county will give you more time if it determines that you need more than 20 days to get your proof.
- If you are claiming good cause and it is not possible for you to get proof, tell the worker.

### **The Role of the County:**

- The county reviews your Good Cause Claim and the proof you provide and decides whether you have good cause.
- The county investigates your facts.
- The county will tell you when you need to provide:
  - more proof to support your good cause claim, and/or
  - additional facts so that it will not be necessary to contact the noncustodial parent or alleged father.

### **What Is Acceptable Evidence to Claim Good Cause for Not Cooperating?**

- Birth certificates, medical/mental health, rape crisis, domestic violence program, or police/sheriff records that show that the child(ren) was conceived due to incest or rape.
- Records that show you have asked for help with abuse toward you and/or the child(ren); or records that show evidence of abuse. These records can be from police/sheriff, governmental agency, or court records; facts from a domestic violence program or a professional from whom you have asked for help in dealing with abuse; physical evidence of abuse, or any other evidence that supports an exemption from the cooperation rules.
- Court documents or other records that show that a legal adoption is pending in court.
- A written statement from an adoption agency confirming that you are being helped to decide whether to keep or place your child(ren) up for adoption.
- Credible sworn statements under penalty of perjury about the history of abuse or the increased risk of abuse, from either you or other people who know about the reasons for your good cause claim for not cooperating.

### **The Role of the Local Child Support Agency (LCSA):**

- If you request a hearing on the issue of good cause, the LCSA may take part in that hearing.
- The LCSA may try to establish paternity or collect child support if:
  - Establishing paternity or collecting child support will not increase risk of harm to you or the child(ren).
  - You do not have good cause for refusing to cooperate.
- After the county tells the LCSA that an applicant/recipient has claimed to be exempt from the cooperation rules, the LCSA will not pursue child support enforcement activities unless the applicant/recipient asks for these actions to begin or to begin again.

# SUPPORT QUESTIONNAIRE

## FOR COUNTY USE ONLY

### Instructions:

You must answer ALL questions.  
 COMPLETE ONE FORM FOR EACH NONCUSTODIAL PARENT  
 OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.  
 Use a separate piece of paper if you need more room.

CWD CASE NAME	LCSA CASE NAME
CWD CASE NUMBER	LCSA CASE NUMBER
CWD WORKER NAME/NO.	LCSA WORKER NAME/NO.
TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )

### SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ( )
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO NONCUSTODIAL PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

### SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT OR UNMARRIED FATHER IN THE HOME

**A. NAME (FIRST, MIDDLE, LAST)**

SOCIAL SECURITY NUMBER (SSN)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE	BIRTH PLACE
LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)	HEIGHT	WEIGHT	EYE COLOR
CITY	STATE	ZIP	HAIR COLOR
WHEN WAS THIS ADDRESS CURRENT?		SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.	
TELEPHONE NUMBER ( )	WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?	DOES THIS PARENT LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**B. WHAT KIND OF INCOME DOES NONCUSTODIAL PARENT HAVE?**  
 Earnings  Unemployment or Disability Insurance Benefits  Social Security  None  Other

LAST KNOWN EMPLOYER: \_\_\_\_\_ TELEPHONE NUMBER: ( )

STREET ADDRESS: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ UNION MEMBER?  YES, UNION NAME: \_\_\_\_\_  NO  UNKNOWN

WHEN DID THIS PARENT LAST WORK THERE? \_\_\_\_\_ UNION ADDRESS: \_\_\_\_\_

**C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN?**  
 YES  NO  UNKNOWN

WHO IS COVERED?  
 NAME OF INSURANCE: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_ DATE OF COVERAGE: \_\_\_\_\_

**D. PARENTS ARE OR HAVE BEEN**

<input type="checkbox"/> MARRIED DATE: _____ WHERE: _____	<input type="checkbox"/> DIVORCED DATE: _____ WHERE: _____	<input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED
		<input type="checkbox"/> LIVING TOGETHER

**E. IS THERE A COURT ORDER FOR SUPPORT?**  
 YES  NO  PENDING

AMOUNT ORDERED \$	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER	LOCATION OF COURT (COUNTY & STATE)
HOW DOES THE PARENT PAY? <input type="checkbox"/> TO YOU <input type="checkbox"/> TO COUNTY <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> OTHER	WHEN DID PARENT LAST PAY?	HOW MUCH? \$		

**F. NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT**

ADDRESS (NUMBER AND STREET)	RELATIONSHIP TO NONCUSTODIAL PARENT	TELEPHONE NUMBER ( )
CITY	STATE	ZIP

**G. DOES THIS PARENT OWN ANY MOTOR VEHICLES?**  
 YES  NO  UNKNOWN

MAKE	MODEL	YEAR	LICENSE NO.	STATE
------	-------	------	-------------	-------

**H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS?**  
 YES  NO  UNKNOWN

WHAT/WHERE: \_\_\_\_\_

**I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE?**  
 YES  NO  UNKNOWN

WHAT COUNTY OR STATE? \_\_\_\_\_

**J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON?**  
 YES  NO  UNKNOWN

IF YES, WHEN/WHERE? \_\_\_\_\_

**K. HAS THIS PARENT EVER BEEN IN THE MILITARY?**  
 YES  NO  UNKNOWN

IF YES, WHEN/WHAT BRANCH? \_\_\_\_\_

**L. ARE YOU ABLE TO IDENTIFY OR HELP LOCATE THE NONCUSTODIAL PARENT?**  
 YES  NO

### SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS PARENT OR UNMARRIED FATHER

NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	PATERNITY DECLARATION		
					MFG <input type="checkbox"/>	DATE SIGNED	COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/>	DATE SIGNED	COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/>	DATE SIGNED	COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/>	DATE SIGNED	COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	MFG <input type="checkbox"/>	DATE SIGNED	COUNTY

### SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

I don't want other child support enforcement services.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

SIGNATURE	DATE
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**STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE(FC)**

**INSTRUCTIONS:** Complete in ink all questions to the left of the heavy black line. The parent/legal guardian completes the non-shaded sections of this form instead of the BCJA 2 or SAWS 2 at redetermination only; the placement worker/county welfare department is to complete the shaded portions. The placement worker/county welfare department may complete all sections of this form instead of the BCJA 2 or SAWS 2 at application and redetermination when the parent/legal guardian is:

- Not available       Not cooperating       Deceased       Incapacitated

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?  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		<input type="checkbox"/>
Child Support		<input type="checkbox"/>
Railroad Retirement		<input type="checkbox"/>
SSI/SSP		<input type="checkbox"/>
Veteran's Benefits		<input type="checkbox"/>
Salary/Wages		<input type="checkbox"/>
Other (specify)		<input type="checkbox"/>
Total Amount/Month		<input type="checkbox"/>

\* If unknown, please explain: \_\_\_\_\_

12. Name of School or Training Program: \_\_\_\_\_

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

13. If child has salary/wages, is the child attending school at least half-time?  Yes  No

14. Does the child have an Independent Living Program Plan?  Yes  No

**COMPLETE BELOW FOR CHILDREN 17 AND OLDER**

15. Does the child attend school on a full-time basis?  Yes  No

16. Expected graduation/completion before 19th birthday?  Yes  No

**ELIGIBILITY WORKER ONLY**

DATE: \_\_\_\_\_

APPLICATION  
 REDETERMINATION

CASE NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**VERIFICATION**

AGE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CITIZENSHIP/ALIEN STATUS \_\_\_\_\_

DHS 6155

CHILD'S PROPERTY \_\_\_\_\_

CHILD'S INCOME/PENDING INCOME \_\_\_\_\_

ILP \_\_\_\_\_

VERIFIED BY SCHOOL **YES**

SCHOOL ATTENDANCE

GRADUATION

17) PARENTAL INFORMATION				VERIFICATION
	Parent 1	Parent 2	Parent 3	
Name				CHILD SUPPORT REFERRAL
Relationship				
Maiden Name				
Date of Birth				
Birthplace				
Social Security #				
Address				
Telephone #				
U.S. Citizen (yes or no)				
Veteran (Branch, Years in Service, Serial #)				
18) DEPRIVATION -- INITIAL AND REDETERMINATION				DEPRIVATION
A. Is either the mother or father deceased? <input type="checkbox"/> yes, fill-in A1 and skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to B. A1. Deceased parent(s) name: _____ <input type="checkbox"/> Location of death: _____ <input type="checkbox"/> Date of death: _____				
B. Did the mother and/or the father relinquish the child or have either parents' parental rights been terminated(TPR)? <input type="checkbox"/> yes, fill-in B1 and skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to C. B1. Relinquishing/TPR parent (s): _____ Date of Relinquishment(s) TPR(S): _____				
C. Are the mother and father living together? <input type="checkbox"/> no, skip to #19. Deprivation exists, pending verification <input type="checkbox"/> yes, PROCEED to D.				
D. Is either the mother or father physically or mentally incapacitated? <input type="checkbox"/> yes, skip to #19. Deprivation exists, pending verification. <input type="checkbox"/> no, PROCEED to E.				
E. Is either parent unemployed? <input type="checkbox"/> no, go to #19. <input type="checkbox"/> yes, go to #19.				
<b>TO BE COMPLETED BY COUNTY WELFARE DEPARTMENT AT REDETERMINATION ONLY</b>				DOCUMENTATION IN FILE: <input type="checkbox"/> CA 341 (Medical report) <input type="checkbox"/> Written statement from physician <input type="checkbox"/> other substantiation (EAS 41-430)
19) REDETERMINATION OF DEPRIVATION - GOOD FAITH EFFORTS				
If the parent(s) is unavailable or uncooperative, please list below the good faith efforts made to contact the parent(s) (i.e., 2 phone calls attempted, 2 letters sent, 1 piece of returned mail, 1 home visit attempted, 1 failure to keep scheduled appointment, etc.) to redetermine deprivation.				GOOD FAITH EFFORTS MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____ _____ _____				
_____ _____ _____				

**VERIFICATION**

**DIRECTIONS: QUESTIONS 20-23 MUST BE COMPLETED AT INITIAL APPLICATION; QUESTIONS 20-21 MUST ALSO BE COMPLETED AT REDETERMINATIONS WHEN THERE ARE ANY CHANGES TO THE INFORMATION BELOW.**

**20 Parental Financial Information**

	Parent 1	Parent 2	Parent 3
Name			
Relationship			
Occupation			
Name of Employer			
Address of Employer			
Work Hours/Month			
Gross Monthly Wage			
Child Support Paid			
Child Support Received			
Disability (State, Workers' Compensation, etc.)			
Unemployment Benefits			
Pensions			
SSI/SSP			
Veteran's Benefits			
Other Monthly Income (i.e., social security, etc.)			
Application for Income Pending (yes, no, or unknown)			
Accounts (checking, savings, etc.)			
Name of Financial Institution			
Address of Financial Institution			
Cash on Hand			
Other Assets			
Personal Property			
Real Property & Address			
Auto (Year/Model)			

PARENTAL INCOME

PARENTAL PENDING INCOME

PARENTAL RESOURCES

**TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF**

21: What is the authority for the child's out-of-home placement?

- Voluntary placement agreement (SOC 155) Date: \_\_\_\_\_
- Relinquishment - Mother Date: \_\_\_\_\_
- Relinquishment - Father Date: \_\_\_\_\_
- Termination of Parental Rights Date: \_\_\_\_\_
- Child/Agency Agreement Date: \_\_\_\_\_
- Nonrelated legal guardian Date: \_\_\_\_\_
- Court Order

Check box to indicate in which court order the finding was made. Enter date of hearing/order.

Court Order Findings	Detention Date	Jurisdictional Date	Dispositional Date	Petition/Other Date
a) Continuance in the home is contrary to the welfare of the minor.				
b) Placement and care is vested with the county.				
c) Reasonable efforts to prevent the removal of the child were made or the lack of preplacement preventative efforts was reasonable.				

COURT ORDER FINDINGS MADE?

- FINDING a:  YES  NO
- FINDING b:  YES  NO
- FINDING c:  YES  NO

<b>TO BE COMPLETED BY PLACEMENT WORKER/COUNTY WELFARE DEPARTMENT STAFF AT APPLICATION ONLY</b>			
Check appropriate box.	Yes	No	Insufficient Information
<b>22. Would the services case file support a determination that the parent or relative from whom removed had minimal income and resources and that the child probably would have been eligible for public assistance in the month of removal?</b>			
<b>23. Has the child lived with the parent or relative from whom removed within the last 6 months?</b>			
PARENT/LEGAL GUARDIAN: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.			
SIGNATURE OF PARENT/LEGAL GUARDIAN			
COUNTY WHERE SIGNED		DATE	
PLACEMENT WORKER: ALL INFORMATION RECORDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE OF PLACEMENT WORKER (NOT APPLICABLE IF PARENT OF LEGAL GUARDIAN AVAILABLE)			
NAME OF AGENCY		DATE	
SIGNATURE OF ELIGIBILITY WORKER		DATE	
SIGNATURE OF ELIGIBILITY WORKER SUPERVISOR		DATE	

<b>VERIFICATION</b>	
POEM	<input type="checkbox"/> ELIGIBLE FACILITIES REQUIREMENTS MET <input type="checkbox"/> SERVICES REQUIREMENTS MET
	<input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> FEDERAL <input type="checkbox"/> NONFEDERAL <input type="checkbox"/> OTHER

**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.

### DETERMINATION OF FEDERAL AFDC-FC ELIGIBILITY

**INSTRUCTIONS:** Complete this form in all cases when a juvenile court order has been issued. To be eligible for federal AFDC-FC, items 1 through 6 must be answered YES. Complete all items. Complete the Verification column with information from the JA 2/SAWS 2 or FC 2 and SOC 158A.

Child's Name	Case Name	Case Number	Court Number
Name of Relative From Whom the Child Was Removed		Relationship	Petition Date:

FEDERAL AFDC - FC ELIGIBILITY REQUIREMENTS	VERIFICATION
1. The child meets all general AFDC-FC eligibility requirements as established on the JA2/SAWS 2 or FC 2. <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
2. The child was removed from the home of a parent or relative by: <input type="checkbox"/> Voluntary placement agreement Date _____  <input type="checkbox"/> Detention Order <span style="margin-left: 100px;"><input type="checkbox"/> Jurisdictional/Dispositional Order</span> <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Date _____ Date _____  Does Court Order contain requisite language for federal eligibility? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <ul style="list-style-type: none"> <li>• Reasonable efforts made to prevent removal of child from home.</li> <li>• Continuance in home would be contrary to welfare of child.</li> <li>• Placement and care vested in appropriate agency.</li> </ul> The Court Order <input type="checkbox"/> Is in effect <input type="checkbox"/> Dismissed because <ul style="list-style-type: none"> <li><input type="checkbox"/> Child is 18 or over</li> <li><input type="checkbox"/> Relinquishment/parental rights terminated</li> </ul>	
3. Does the child meet AFDC linkage requirements (as in effect July 16, 1996) in the month of petition? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <input type="checkbox"/> Yes, lived with parent/relative from whom removed in the month of petition and would have been eligible for AFDC had application been made. (POEM determination) <input type="checkbox"/> Yes, lived with parent/relative from whom removed within any of the previous 6 months prior to the month of petition and would have been eligible for AFDC had application been made in the month of petition. (POEM determination) <input type="checkbox"/> No, insufficient information. <input type="checkbox"/> No, does not meet linkage requirements.	
4. Does deprivation exist? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Death <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Absence <input type="checkbox"/>	
5. Is the child in an eligible facility? Give code from reverse side. <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 100px;"></div>	
6. Will payment be made to an eligible payee? Give code from reverse side. <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 100px;"></div>	

IEVS verification  
 Other verification

**Not Eligible** for federal AFDC-FC     
  **Insufficient Information.** Not eligible for federal AFDC-FC     
  **Eligible** for federal AFDC-FC Items 1-6 answered YES

Effective Date of Federal Eligibility \_\_\_\_\_

Date Completed \_\_\_\_\_

Eligibility Worker Signature \_\_\_\_\_

Summary of family circumstances at time of removal:

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## **FC 3 CODES**

### **CODES FOR QUESTION 5: ELIGIBLE FACILITIES**

(45-202.5/45-203.4)

- 01 Approved home of relative
- 02 Certified, license-pending
- 03 Licensed family home
- 04 Family home certified by nonprofit FFA licensed by SDSS
- 05 Private, nonprofit group home licensed by SDSS
- 06 Approved facility/family home on an Indian reservation
- 07 Public Child Care institution

### **CODES FOR QUESTION 6: ELIGIBLE PAYEE**

(45-301.11)

- 01 Approved family home
- 02 Licensed, private, nonprofit group home
- 03 Cooperating public or licensed nonprofit private child placement or child care agency with responsibility for placement and care of the child
- 04 Licensed homefinding agency which certified the exclusive-use home in which the child has been placed.

## **FEDERAL AFDC-FC ELIGIBILITY REQUIREMENTS**

Eligibility & Assistance Standards (EAS)

Age	(45-201.11)
Property	(45-201.12)
Residence	(45-201.13)
Citizenship/Alienage	(45-201.14)
Social Security	(45-201.15)
Income/Need	(45-201.2)
Child Support	(45-201.3)
Services	(45-201.4)
Deprivation	(45-201.1)(45-203.1)
With Whom Child Placed	(45-202.2)(45-203.2)
AFDC/FG/U Linkage	(45-202.3)
Authority For Placement	(45-202.4)(45-203.3)
Eligible Facilities	(45-202.5)(45-203.4)
Placement and Care	(45-202.6)(45-203.5)

# AFDC-FG/U WORKSHEET

**INSTRUCTIONS:** Complete the following to determine if the child would have received federal AFDC-FG/U (as it existed July 16, 1996) in the Month of the petition based on the circumstances in the home of the parent or relative from whom the child was removed. The AFDC-FG/U linkage requirement is met when all items are answered YES.

Child's Name	Month of Petition	Date Child Last Resided with Parent or Relative From Whom Removed
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FEDERAL AFDC - FG/U ELIGIBILITY REQUIREMENTS				VERIFICATION	
1. Total Persons in AU/FU	Total 185% MBSAC + Special Needs	Total MBSAC + Nonrecurring Special Needs		<b>EARNINGS VERIFICATION ON FILE:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>UNEARNED VERIFICATION ON FILE:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>OTHER VERIFICATIONS ON FILE (LIST):</b>          <b>INCOME LINKAGE ESTABLISHED (185% TEST AND FINANCIAL BIG TEST)</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>A. 185% of MBSAC INCOME TEST</b>		<b>AMOUNT</b>	<b>B. FINANCIAL ELIGIBILITY TEST</b>		
1. Gross Earnings		1. Gross Earnings			
2. Current Child Support Received by DA or Recipient	+	2. Work-Related Expenses (\$90)	-		
3. Other Unearned Income (Specify)	+	3. \$30 and 1/3 Exemption (if applicable)	-		
4. Excluded persons Gross Income	+	4. Dependent Care (Up to \$200 each)	-		
5.	+	5. NET EARNINGS	=		
6.	+	6. Other Nonexempt Income	+		
7.	+	7. Child Support Collected by DA	+		
8.	+	8. Court Ordered Child Support Paid	-		
<b>TOTAL INCOME</b>		<b>=</b>	<b>TOTAL NET NONEXEMPT INCOME</b>		<b>=</b>
Gross Income Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Financially Eligible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Is the property of all persons in the AU/FU in the month of the petition below the allowable limit? <input type="checkbox"/> Yes <input type="checkbox"/> No (COMPLETE BELOW.)				<b>RESOURCES VERIFIED:</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
ITEM	NET MARKET VALUE	ITEM	NET MARKET VALUE	
a. Cash and Securities		f.	+	
b. Cash Surrender Value of Life Insurance	+	g. Real Property (Specify)	+	
c. Motor Vehicle	+	h.	+	
d. Other Personal Property (Specify)	+	i.	+	
e.	+	J. TOTAL PROPERTY	=	

**AFDC-FG U LINKAGE DETERMINATION:**     
 **NOT ELIGIBLE FOR FEDERAL AFDC-FG U in month of petition**     
 **INSUFFICIENT INFORMATION Not eligible for federal AFDC-FG U**     
 **Eligible for federal AFDC-FG U in month of petition**

DATE: \_\_\_\_\_

**NOTIFICATION OF AFDC-FOSTER CARE TRANSFER**

**SECTION A - SENDING COUNTY COMPLETES (PLEASE TYPE OR PRINT)**

CASE NAME	CASE NUMBER	CHILD'S PARENTS' NAME(S)
CHILD'S NAME	CHILD'S SOCIAL SECURITY NUMBER	DA CHILD SUPPORT NUMBER(S)
SENDING COUNTY ADDRESS		PAYEE NAME (IF FAMILY PLACEMENT - RELATIONSHIP)
RECEIVING COUNTY ADDRESS		ADDRESS OF FOSTER HOME OR INSTITUTION
DISCONTINUANCE DATE/END OF TRANSFER PERIOD		DATE JURISDICTION TRANSFERRED

TELEPHONE NUMBER:  
( )

<b>CURRENT PAYMENT AMOUNT:</b>	BASIC RATE: \$	SPECIALIZED CARE RATE: \$	INFANT SUPPLEMENT: \$	CURRENT CLOTHING ALLOWANCE: \$	<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL:
<b>AID PROGRAMS:</b>	<input type="checkbox"/> FEDERAL FOSTER CARE <input type="checkbox"/> MEDI-CAL ONLY	<input type="checkbox"/> STATE FOSTER CARE <input type="checkbox"/> COUNTY ONLY	<input type="checkbox"/> EMERGENCY ASSISTANCE "NOT-TO-EXCEED DATE:"		

**DOCUMENTATION:**

**ENCLOSED      N/A**

- EA AUTHORIZATION DOCUMENTS [EA 1/ ACE SCREEN PRINT, OR OTHER DOCUMENTS]
- SAWS 1
- FC 2/JA 2
- SOC 158A OR EQUIVALENT: \_\_\_\_\_
- BIRTH CERTIFICATE/ALIEN STATUS DOCUMENTATION
- SOCIAL SECURITY NUMBER DOCUMENTATION
- FC 3/FC 3A - VERIFICATION OF DEPRIVATION
- EVIDENCE SUPPORTING FEDERAL ELIGIBILITY [LINKAGE & DEPRIVATION]
- COURT ORDER/AUTHORITY FOR PLACEMENT DOCUMENTATION
  - DETENTION ORDER
  - TRANSFER OF JURISDICTION
  - JURISDICTION ORDER
  - PERMANENCY HEARING ORDER(S) WITH REASONABLE EFFORTS FINDINGS
- PROPERTY OF MINOR/TRUST INFORMATION
- INCOME OF MINOR: \_\_\_\_\_ TYPE: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_
- INDEPENDENT LIVING PLAN
- 18 YEARS OLD AND OVER DOCUMENTS [MUTUAL AGREEMENT, SCHOOL VERIFICATION]
- DHS6155 HEALTH INSURANCE QUESTIONNAIRE
- APPLICATIONS PENDING (SSI/SSP)
- FC 4
- OTHER:

SOCIAL WORKER'S NAME	SOCIAL WORKER NUMBER	SOCIAL WORKER'S TELEPHONE NUMBER ( )
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COMMENTS:

ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER NUMBER	ELIGIBILITY WORKER'S TELEPHONE NUMBER ( )
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**SECTION B: RECEIVING COUNTY COMPLETES: (PLEASE TYPE OR PRINT)**

<input type="checkbox"/> TRANSFER ACCEPTED <input type="checkbox"/> CASE ELIGIBLE - WILL BEGIN ON:	<input type="checkbox"/> TRANSFER <u>NOT</u> ACCEPTED - REASON: <input type="checkbox"/> CASE INELIGIBLE - REASON:
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ELIGIBILITY WORKER'S NAME	ELIGIBILITY WORKER NUMBER	ELIGIBILITY WORKER'S TELEPHONE NUMBER ( )
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DISTRICT OFFICE