

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



January 8, 2001

ALL-COUNTY LETTER NO. 01-01

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

TO: All COUNTY WELFARE DIRECTORS

SUBJECT: KINSHIP GUARDIANSHIP ASSISTANCE
PAYMENT PROGRAM (Kin-GAP) SURVEY

REFERENCE: ALL COUNTY LETTERS 00-09 and 00-70

Attached is a survey designed to obtain specific information about counties' implementation of, and participation levels in, the Kinship Guardianship Assistance Payment (Kin-GAP) Program.

The Kin-GAP Program is available only to children exiting the juvenile court dependency system on or after January 1, 2000, to live with a relative legal guardian. To be eligible for the Program, the child must have lived with the relative at least twelve (12) consecutive months, and the juvenile court dependency for the child must be dismissed.

The Survey information will provide data that can be used to improve budgeting and program management decisions related to the Kin-GAP Program. Please complete and fax the Survey to the fax number on the form, by January 31, 2001.

If you have questions about the Survey, contact Kirsten Salomon at (916) 654-1212. Ms. Salomon may also be reached by e-mail at: ksalomon@dss.ca.gov.

Sincerely,

*Original Document Signed By
Lois VanBeers on 1/8/01*

LOIS VANBEERS
Deputy Director
Research and Development Division

KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM SURVEY

County Name _____

1. When did/will your county place the first case in the Kin-GAP Program?

Date _____

2. As of January 1, 2000, what was the total caseload in your county eligible for Kin-GAP (i.e., relative, CalWORKs or AFDC-Foster Care placements which have existed for at least 12 months)?

Total eligible Kin-GAP caseload _____

Number of eligible cases in CalWORKs _____

Number of eligible cases in AFDC- Foster Care _____

If the number of cases from CalWORKs and the number of cases from AFDC-Foster Care is different than the total Kin-GAP caseload, please explain _____

3. Of those cases eligible for Kin-GAP (see #2 above), how many have been shifted to the Kin-GAP Program?

Number of cases shifted _____

Of those cases eligible for Kin-GAP, how many have not yet been shifted?

Number of cases not yet shifted _____

4. Please provide total Kin-GAP enrolled (new and ongoing) monthly caseload actuals/estimates for the months below. Provide actual caseload, where available; otherwise, estimate.

| 2000/01 | | | | | | | | | 2001/02 | | | | | |
|---------|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|
| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| | | | | | | | | | | | | | | |

Form completed by: _____

Name

Phone Number

County Program contact : _____

Name

Phone Number

County Fiscal contact: _____

Name

Phone Number

If you have any questions, please contact Kirsten Salomon of the CDSS, Data Systems and Survey Design Bureau at (916) 654-1212

Please fax completed survey to: CDSS, Data Systems and Survey Design Bureau, Attention Kirsten Salomon at (916) 653-5400, by January 31, 2001.