

For Office Use Only

The following is an annual review of the Guardianship Subsidy Agreement entered into by and between the Department of Children and Families and the guardian(s) named below for the of guardianship of the child named below and to assist the guardians in providing proper care for the child.

Guardian #1		Guardian #2		
LAST Name:	FIRST Name:	LAST Name:	FIRST Name:	
Address: (No. and Street):		City:	State:	Zip:
E-mail:		Phone:	E-mail:	
E-mail:		Phone:		Phone:
Child LAST Name	Child FIRST Name	Child's DOB:	Child's Social Security #:	
Subsidy Type:				
I. <input type="checkbox"/> Subsidy & Medical <input type="checkbox"/> Monthly Subsidy ONLY <input type="checkbox"/> The annual subsidy payment of \$ _____ is based on the rate of \$ _____ per diem				
Private Medical Insurance				
II. <input type="checkbox"/> The Child IS NOT on my private medical insurance <input type="checkbox"/> The Child IS on my private medical insurance				
I/We, as Subsidized Guardian(s) of the child, understand that:				
III. A. The State of Connecticut, Department of Children and Families, will be responsible for the monthly subsidy payments for the duration of this agreement. B. Should I/we move out of state, the Connecticut Interstate Compact Representative will refer the Child (is Title IV-E eligible), to the state agency administering the Subsidized Guardianship program in the new state of residence for the protection of the interests of the child and to assure that needed medical service(s) specified in the initial Agreement for Guardianship Subsidy are provided C. Should I/We move, this agreement remains in effect, regardless of the state of my/our residence D. The monthly financial subsidy and the medical subsidy can continue until the child's 18th birthday, or the child's 21st birthday if the child is in continuous full-time attendance at a secondary school, technical school or college or is in a state accredited job training program. E. My/our family health insurance will be considered in meeting the medical costs of the child. F. I/We must notify the Department of Children and Families whenever there is a change in the child's needs or the circumstances of the family that may impact the appropriate amount of the subsidy. G. The monthly subsidy and/or medical subsidy may be modified if there are changes: a. in the needs of the child b. in the income or assets of the child c. in the DCF foster care rates (increase/decrease) that is applicable to this child's age H. If the child is receiving Social Security benefits or SSI (supplemental Security Income) and there is a change in the benefit level, the guardianship subsidy will be adjusted dollar for dollar according to the change. I. An annual review will be conducted by the Department of Children and Families to assess my/our circumstances and the needs of the child to determine whether there is reason to continue or modify the amount and/or duration of the financial subsidy. J. If I/we do not submit the annual renewal agreement to the Department of Children and Families by the specified due date, the subsidies may be subject to termination. K. Termination of this Agreement will occur: a. if I/we stop providing financial support for the child for any reason including, but not limited to, the return of the child to the child's parents; b. the child reaches age eighteen (18), or age twenty-one (21) if the child is in full-time attendance at a secondary school, technical school or college or is in a state accredited job training program; c. in the event of my/our death(s) or the death of the child; or d. if I/we no longer have physical or legal custody of the child. L. I/We understand that the child is solely my/our legal responsibility. My/our family, including the child, is independent of the Department except for those obligations outlined in this Agreement. M. This agreement must be renewed annually by the guardian(s) and the Department of Children and Families.				
IV. I/We have been advised by the Department of Children and Families of my/our right to the Administrative Hearing Unit if I/We disagree with the Department's decision regarding the status of the subsidies. I/We have the right to be represented at the hearing by legal counsel at my/our own expense and to receive a timely notice of the date, place and time of the hearing.				

- V. A. I/We agree to notify the Department of Children and Families-Subsidy Unit in writing within five (5) days in the event I/we am/are no longer responsible for the support of the child or if the child is no longer living with me (us).
- B. I/We agree that the monthly subsidy payment may never exceed the prevailing foster care rate paid by the Department of Children and Families as applicable for this child's age and special needs.
- C. I/We agree that if/when the child has attained the minimum age for compulsory school attendance, the child will be enrolled in and attend a full-time elementary or secondary school program or be instructed pursuant to a home school or independent study program that conforms to the law of the state in which the child is living, unless the child has completed a secondary school program or is incapable of attending due to a medical condition. I/we will provide confirmation of the educational circumstances of the child to the Department of Children and Families at each annual review.
- D. The Department of Children and Families agrees to notify me/us in writing of any reduction or termination in the amount of the guardianship subsidy payments at least fourteen (14) days prior to taking such action. I/We understand that we may request a hearing to challenge this action.
- E. The Department of Children and Families agrees to notify me/us in writing forty-five (45) days before the date of annual renewal and to include the appropriate forms with the renewal notice.

Declaration of Income and Circumstances of the Child for Whom the Subsidy is Provided

1. Does the child have income from any of the following sources? Yes No

<input type="checkbox"/> Supplemental Security Income (SSI)	Claim #:		Amount		per month
<input type="checkbox"/> Social Security Administration (SSA)	Claim #:		Amount		per month
<input type="checkbox"/> Veteran's Administration	Claim #:		Amount		per month

2. Is the child enrolled full-time in school? Yes No

If Yes, Name of School:

School Address: (No. and Street):

City:

State:

Zip:

★★★ CHILD'S STATEMENT ★★★ (must be signed by child is age 14 and over)

VI. I certify that I have been living with the guardians listed on the front page of this agreement for the past 12 months and continue to live with them. This guardian has provided for my support in the form of shelter, food, clothing or other related needs (such as college costs). *(Does not need a Notary Seal)*

Signature of Child

Date:

VIII. In the case of the death, severe disability or serious illness of a caregiver who is receiving a guardianship subsidy, the commissioner may transfer the guardianship subsidy to a successor guardian who meets the department's foster care safety requirements. A new agreement must be executed between DCF and the successor guardian. I/We hereby name the following person(s) to be the successor guardian(s) of the Child (or Children).

Successor Guardian #1		Successor Guardian #2	
LAST Name	FIRST Name:	LAST Name:	FIRST Name:
Address: (No. and Street):		City:	State: Zip:
E-mail:	Phone:	E-Mail:	Phone:

THIS SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO NOTARIZE DOCUMENTS

I/We swear that: I/We continue to be the legal guardian(s) of the child and that the child continues to reside in my/our home. The child continues to receive financial support from Me/us. The information that I/we have provided above is true and correct to the best of my/our knowledge and belief and I/We agree to the terms contained herein. I/We understand this agreement remains in effect through

Signature of Guardian #1

Date:

Signature of Guardian #2

Date:

Subscribed and Sworn To Before Me This Day of 20

Signature of Judge, Assistant Clerk or Notary Public:

(This section is for the DCF Subsidy Unit use only)

We have conducted the Annual Review of this subsidy and agree to the Continuation of the subsidy according to the terms contained herein.

APPROVED NOT APPROVED

Area for Notary Seal:

Department of Children and Families
Subsidy Unit
505 Hudson Street
Hartford, Connecticut 06106

Mail this agreement and all other correspondence to: