Permanent Custodianship Annual Report

Child's Name:
(First, MI, Last) _____ DOB: _____ SSN: _____

Telephone # (Home): _____

Custodian's Name: _____ Telephone # (Work): _____

Street Address: _____

Date Sent to
City, State Zip: _____ Custodian: _____

Email address: _____

The custodianship subsidy is to be reviewed on an annual basis. Please answer the following questions and return to the designated office within thirty (30) days. Failure to do so will result in temporary suspension or closure of subsidy provided.

1. Do you continue to need Custodianship Subsidy? ☐ Yes ☐ No
2. Do you continue to be legally and financially responsible for this child? If not, date responsibility ended: ☐ Yes ☐ No
3. Does the child continue to reside with you? ☐ Yes ☐ No
   If no, where does the child reside? When did the child move?
4. Have there been any changes in the income or resources received for the child? ☐ Yes ☐ No
   If yes, describe: Date:
5. Subsidy usually ends at age 18. It may continue past 18, up to age of 19, if the child continues to be in high school.
   a. Has your child graduated from high school? ☐ Yes ☐ No
      Date of Graduation (mmddyy): _____
   b. If not, when do you expect your child to graduate? ☐ Yes ☐ No
      Date (mmddyy): _____
   c. If not expected to graduate, is the child involved in a GED program? ☐ Yes ☐ No
      Anticipated date of completion (mmddyy): _____
      Specify: _____

I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge.

This review completed by:

Permanent Custodian Signature: _____ Date: _____

Permanent Custodian Signature: _____ Date:

PLEASE RETURN BY (mmddyy): _____

To: DCF worker: _____ DCF Office: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____ Fax #: _____

For DCF Office Use Only:

1. KEES ID # upon implemenation: _____ **2. FACTS ID:** _____

3. Region/CO: _____

4. Date Report Received: _____ **5. Changes Reported:** ☐ **Yes** ☐ **No**

6. Agreement Amended: ☐ **Yes** ☐ **No** **7. Payment Re-authorized for** _____ **months**

_____

Signature _____ **Date:** _____

Kansas
Department for Children and Families
Prevention and Protection Services
Strong Families Make a Strong Kansas