

Permanent Custodianship Change in  
 Status Form

Child's Name: \_\_\_\_\_  
 (First, MI, Last) \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Telephone # (Home): \_\_\_\_\_  
 Custodian's Name: \_\_\_\_\_ Telephone # (Work): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone # (Cell): \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**Permanent Custodians shall use this form to send updates to the DCF Regional office at the time changes occur. Note the following changes and return to the designated office within thirty (30) days of the change. Failure to do so will result in suspension of subsidy and a fraud investigation. .**

1. Child's living situation changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of change: _____
Explain: _____		
2. Legal/financial responsibility of the custodian changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
Explain: _____		
3. Child's income or resources changed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
Explain: _____		
4. Child turned 18.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
5. Child graduated from high school.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
6. Child became emancipated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
7. Child died.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
8. Child no longer needs support.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Change: _____
Explain: _____		

**This review completed by:**

Permanent Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Permanent Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO:**

DCF worker: \_\_\_\_\_ DCF Office: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

For DCF Office Use Only:	
1. KEES ID # upon implementation of KEES: _____	2. FACTS ID: _____
3. Region/CO: _____	
4. Date Report Received: _____	5. Changes Reported: <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Agreement Amended: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Payment Re-authorized for _____ months
Signature _____	Date: _____

