CUSTODIANSHIP COMMITMENT AGREEMENT

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My name is _		and I reside at (street address)				
		in (city)	, (zi	p code)		, in
_		County, Ka	ansas.			
	I acknowle	dge and understa	and the followi	ng facts:		
(1)	An employe	ee of (Child Welfare C	ase Management Pro	ovider)_		
discu	ussed with me	the opportunity to	become the pe	rmanent	custodia	n for a child named
		(the "Child"), wh	no was born on			·,
curre	ently resides a	at (street address) _			in (city)	
		, (zip code)		_, in		County,
Kans	sas.					
(2)	The Child's	current permanen	cy goal is Perm	anent Cu	stodians	hip.
(3)	(Child Welfare	Case Management Prov	rider)	discus	sed with	me the opportunity
to be	ecome the chi	ld's permanent cus	stodian and the	role of a p	permane	nt custodian in a
child	's life.					
(4)	I have cons	idered the informa	ition about poss	ibly beco	ming the	Child's permanent
custo	odian and I ha	ave decided I wish	to enter into the	legally re	ecognize	d and binding
perm	nanent relation	nship as the Child'	s permanent cus	stodian. I	l intend to	o follow up with (Child
Welfaı	re Case Managem	ent Provider)	to beg	in the pro	cess ned	essary for me to
beco	me the Child'	s permanent custo	odian. I understa	and that r	nothing in	this document
guar	antees that I v	will qualify to beco	me the Child's p	ermanen	t custodia	an or that I will
satis	factorily comp	olete the process to	o become a perr	manent c	ustodian	or that the Court will
even	tually appoint	me as the Child's	permanent cust	todian.		
(5)	I have signe	ed this Acknowled	gment voluntaril	y.		
PRO	SPECTIVE P	ERMANENT CUS	TODIAN:			
Sign	ed:				Da	ate:
Resi	dential Addres	 SS:				
Stree	et:					: 0 .
City:			State:_			_ Zip Code:

PROSPECTIVE PERMANENT CUSTODIAN:

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Youth	(IF AGE	10 or	OLDER)):
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Signed:		Date:		
Residential Address: Street:	State			
City:	State:	Zip Code:		
CHILD WELFARE CASE MANAGE	EMENT PROVIDER CASE MANAGER			
Signed:	[Date:		



Strong Families Make a Strong Kansas