

Request for Permanent Custodianship Subsidy Temporary Approval

Date: _____

The _____ requests custodianship slot for: _____
(RE/FC/AD Provider)

Child's Name: _____ DOB: _____

Prospective Custodian's Name: _____

Relationship to Child: _____ Date of Hearing: _____

Length of time child has resided with the family: _____

Why was adoption not considered as a permanency alternative?

Income of the child (include all income and the source): _____

Note: Reference Sections 6112C and 6113 in the PPS PPM.

Date Family Assessment Completed: _____

(Shall be completed within one year, unless waived by the court. See KSA 59-2132)

Check below if attached:

- Please attach statement from family as to why they wish to pursue Custodianship.
- Attach statement from youth age 14 or over confirming they are in agreement with the plan.

Signature of Case Manager: _____

Email: _____

Signature of Supervisor: _____

Phone #: _____

Email: _____



PPS Administration Use Only

Date Denied: _____

Reason denied: _____

OR

Date Temp Approved _____

Temp Approval Ends: _____

PPS Administration PCS Program Manager Signature: _____

Date: _____

Distribution: PPS Regional DCF Office, Case Management Provider