

REFERRAL FOR PAYMENT PERMANENT CUSTODIANSHIP SUBSIDY

Date: _____

Child's Name:	
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DOB:		SSN:	
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Custodians Name:		DOB:		SSN:	
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Custodians Phone:		Email	
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Custodians Name:		DOB:		SSN:	
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Custodians Phone:		Email	
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Custodians Relationship to child: (Check one)

- Relative
- Non-Relative/Kin
- Other (please explain relationship):

How Verified: _____

Mother's right's terminated/relinquished? Yes No

Father's right's terminated/relinquished? Yes No

Benefits

A.	Social Security Benefits:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount
B.	Supplemental Security Income:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount
C.	Child Support:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount
D.	Income from trust or annuity:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount
E.	Other Benefits	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, amount

Anticipated date of child's high school graduation: _____

PPS Administration Use Only for Final Approval:

- Approved
- Denied

PPS Program Manager Signature: _____

Date: _____