

## PERMANENT CUSTODIAN SUBSIDY AGREEMENT

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Custodian's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Custodian's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Custodian's Relationship to the child: \_\_\_\_\_ How Verified: \_\_\_\_\_

Court of Jurisdiction: County \_\_\_\_\_ District #: \_\_\_\_\_  
I (we) \_\_\_\_\_, hereby affirm and agree:  
(Name of Custodian)

I (we) have been appointed permanent custodian for \_\_\_\_\_ on \_\_\_\_\_  
(Name of Child) (Date)

My (our) relationship to this child is: \_\_\_\_\_  
(State Relationship)

### AS THE PERMANENT CUSTODIAN: (initial each statement)

\_\_\_\_\_ I (we) understand that permanent custodianship subsidy is at the discretion of the Department for Children and Families (DCF) and that the award of a subsidy does not constitute entitlement or give rise to a private cause of action (lawsuit) as a result of an award, denial or modification of terms.

\_\_\_\_\_ I (we) further agree that I (we) will cooperate fully and completely with the department in establishing and maintaining eligibility for a permanent custodian subsidy and that said subsidy may be terminated for failure to cooperate with DCF in establishing and maintaining documentation of eligibility for subsidy.

\_\_\_\_\_ I (we) understand Permanent Custodianship Subsidy is generally less than Adoption Subsidy.

\_\_\_\_\_ I (we) agree to notify DCF within 30 days of any changes in the child's situation and to participate in an annual report.

\_\_\_\_\_ I (we) agree to advise DCF if the permanency custodianship is set aside or legal/financial responsibility for the child ceases.

\_\_\_\_\_ I (we) acknowledge that if changes in circumstances of the child are not reported to DCF, a fraud investigation may be conducted.

\_\_\_\_\_ I (we) understand DCF may adjust the eligibility requirements, amount of subsidy payment and duration of support payment to ensure the department expenditures remain within available funds.

\_\_\_\_\_ I (we) understand I (we) may apply for financial benefits for the child, including completing an application for child-only Temporary Assistance to Families (TAF) in addition to receiving the permanent custodianship subsidy.

\_\_\_\_\_ I (we) understand the permanent custodianship subsidy will terminate at the time the (a) child is 18 years of age or has completed high school; (b) child becomes emancipated, dies, leaves the home, or otherwise ceases to need support.

\_\_\_\_\_ I (we) understand if the child becomes eligible for Supplemental Security Income (SSI) after the Permanent Custodianship Subsidy (PCS) was approved, the child becomes ineligible for PCS.

\_\_\_\_\_ I (we) understand if I (we) move to another state, the Kansas medical card will end. I (we) would need to apply on our own, and meet eligibility requirements in the new residence state, in order to receive that state's medical card.

\_\_\_\_\_ I (we) have received a copy of the PPS 6170, Permanent Custodian Change Status Form.

\_\_\_\_\_ I (we) have been informed of the possibility of Independent Living Services for youth who achieve permanent custodianship at or after age 16, and access to services is through the State's Independent Living Program Manager.

\_\_\_\_\_ I (we) have been informed that when the child is 17, if (s)he was in the custody of the Secretary of DCF at age 14 or older and meets the minimum state requirements for high school graduation, (s)he may ask the school where they are enrolled or reside for a diploma.

DCF agrees to pay a permanent custodianship subsidy in the amount of : \_\_\_\_\_

Payment is to begin: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

DCF Regional Office Contact Name: \_\_\_\_\_

DCF Regional Office Contact Signature: \_\_\_\_\_

PPS Administration PCS Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_