

# Permanent Custodianship Annual Report

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

The custodianship subsidy is to be reviewed on an annual basis. Please answer the following questions and return to the designated office within thirty (30) days. Failure to do so will result in temporary suspension or closure of subsidy provided.

1. Do you continue to need Custodianship Subsidy?  Yes  No
2. Do you continue to be legally and financially responsible for this child?  Yes  No  
 If not, date responsibility ended: \_\_\_\_\_
3. Does the child continue to reside with you?  Yes  No  
 If no, where does the child reside? \_\_\_\_\_  
 When did the child move? \_\_\_\_\_
4. Have there been any changes in the income or resources received for the child?  Yes  No  
 If yes, describe: \_\_\_\_\_
5. Subsidy usually ends at age 18. It may continue past 18, up to age of 19, if the child continues to be in high school.  
 Has your youth graduated from high school?  Yes  No Date of Graduation (mmddyy): \_\_\_\_\_  
 If not, when do you expect your youth to graduate?  Yes  No Date (mmddyy): \_\_\_\_\_  
 If not, is the youth involved in a GED program?  Yes  No Anticipated date of completion (mmddyy): \_\_\_\_\_

I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge.

This review completed by:

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

**PLEASE RETURN BY (mmddyy):** \_\_\_\_\_

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

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