

# Permanent Custodianship Change in Status Form

Child's Name: \_\_\_\_\_  
 (First, MI, Last) \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Custodian's Name: \_\_\_\_\_ Telephone # (Home): \_\_\_\_\_  
 Telephone # (Work): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Telephone # (Cell): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

**Permanent Custodians shall use this form to send updates to the DCF Regional office at the time changes occur. Note the following changes and return to the designated office within thirty (30) days of the change. Failure to do so will result in suspension of subsidy and a fraud investigation. .**

1. Child's living situation changed.  Yes  No Date of change: \_\_\_\_\_  
 Explain: \_\_\_\_\_
2. Legal/financial responsibility of the custodian changed.  Yes  No Date of Change: \_\_\_\_\_  
 Explain: \_\_\_\_\_
3. Child's income or resources changed.  Yes  No Date of Change: \_\_\_\_\_  
 Explain: \_\_\_\_\_
4. Child turned 18.  Yes  No Date of Change: \_\_\_\_\_
5. Child graduated from high school.  Yes  No Date of Change: \_\_\_\_\_
6. Child became emancipated.  Yes  No Date of Change: \_\_\_\_\_
7. Child died.  Yes  No Date of Change: \_\_\_\_\_
8. Child no longer needs support.  Yes  No Date of Change: \_\_\_\_\_  
 Explain: \_\_\_\_\_

**This review completed by:**

<b>Permanent Custodian Signature:</b>	Date:
<b>Permanent Custodian Signature:</b>	Date:

<b>PLEASE RETURN TO:</b>			
DCF worker:		DCF Office:	
Street Address:			
City, State, Zip:			
Telephone #:		Fax #:	

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