

**Permanent Custodianship Subsidy Repayment Agreement**

Case Number: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
(First, MI, Last: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Custodian's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_  
Telephone # (Home): \_\_\_\_\_ (Work): \_\_\_\_\_  
Email: \_\_\_\_\_

I/We, (Permanent custodian name(s)): \_\_\_\_\_  
and \_\_\_\_\_, voluntarily agree to repay my Permanent  
Custodianship Subsidy overpayment balance of \$ \_\_\_\_\_ to the Kansas Department for  
Children and Families.

I/We agree to make monthly payments of \$ \_\_\_\_\_ per month for \_\_\_\_\_ consecutive months to  
complete repayment of the debt. The first payment will be postmarked by \_\_\_\_\_.  
All remaining payments will be postmarked by either (check one):

- 1<sup>st</sup> of each month, or  
 20<sup>th</sup> of each month.

\_\_\_\_\_  
Signature of Permanent Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permanent Custodian

\_\_\_\_\_  
Date

**Make checks payable to:** Kansas Department for Children and Families (DCF)

**Mail this form with the payments to:** DCF Central Collection Unit, P.O. Box 2003, Topeka,  
KS 66601-2003

If you have questions please contact the DCF Central Collection Unit at 1-866-977-6689

**Make your payments electronically by check or credit card by going to:** [www.dcf.ks.gov](http://www.dcf.ks.gov)

Scroll to the bottom of the page and click on the icon shown below then follow the directions to make an  
online payment.

**ATTENTION:** Failure to return this completed agreement with your initial payment, or  
failure to complete all payments as agreed above, will result in a breach of this agreement  
and a forfeiture of any future opportunities or agreements to prevent other collection  
action.