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| **SOUL Family Legal Permanency Monthly Subsidy Checklist** |
| The below process shall be followed by the Child Welfare Case Management Provider (CWCMP) to refer a youth and identified SOUL Family Legal Permanency Custodians for the SOUL Family Legal Permanency Monthly Subsidy. The individual Custodian identified for residential care of the youth shall receive the SOUL Family Legal Permanency monthly subsidy. For the SOUL Family Legal Permanency monthly subsidy process, policy, or program related questions, please contact the Regional Foster Care Program Administrator. |

1. **Identifying Information**

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| **Name of SOUL Family Legal Permanency Youth** |  |
| **County of CINC Case** |  |
| **Date of Birth (DOB)** |  |
| **Current Age** |  |
| **Name of SOUL Family Legal Residential Custodian** |  |
| **Address / Phone Number / Email**  **of SOUL Family Legal Permanency Residential Custodian** |  |

1. **DCF Regional Office Contacts:**

|  |  |  |
| --- | --- | --- |
| **East Region** | *Debbie Pyle*  [**deborah.pyle@ks.gov**](mailto:deborah.pyle@ks.gov) | |
| **Kansas City Region** | *JO and DG:*  *Zina Abdulaziz*  [**zina.abdulaziz@ks.gov**](mailto:zina.abdulaziz@ks.gov) | *AT, LV, WY:*  *Stephanie Greener*  [**stephanie.greener@ks.gov**](mailto:stephanie.greener@ks.gov) |
| **West Region** | *Monica Smithwick*  [**monica.smithwick@ks.gov**](mailto:monica.smithwick@ks.gov) | |
| **Wichita Region** | A-K (Child Last Name)  Tristan Benge  [tristan.benge@ks.gov](mailto:tristan.benge@ks.gov) | L-Z (Child Last Name)  Sheila Dowell  [shelia.dowell@ks.gov](mailto:shelia.dowell@ks.gov) |

1. **Action Steps**

**Step 1: The CWCMP sends the following (items A-D) directly to the DCF Regional Office Contact to initiate approval of SOUL Family Legal Permanency Monthly Subsidy prior to finalization of SOUL Family Legal Permanency. All items are attached to an email and sent to corresponding regional email, including “County.SOUL FAMILY SUBSIDY.Youth Initials” in the subject line.**

**☐ A) Completed PPS 6300 SOUL Family Legal Permanency Monthly Subsidy Checklist**

**B)** **PPS 6301: SOUL Family Legal Permanency Referral for Payment -Fill this out *completely!***

1. Payments start 1st day of month of court order(date):
2. SOUL Family Legal Permanency residential custodian Name:
3. Add youth’s anticipated high school graduation month and year:
4. DCF Regional Contact ***Name***:
5. Case Management Provider Contact:

***Agency***: ***Name***:  ***Email***:

**C)** [**W-9 Statement**](https://www.irs.gov/forms-instructions)**. The SOUL Family Legal Permanency custodian with whom the youth shall reside will be the payee/listed on the W9 form, that person’s SSN, address, and signature are required for this form. (**Copy of the SS card for the residential custodian completed the W-9 is needed.) – This form will NOT be approved if the following: signature is over a year old, and if the W9 form is not the most recent W9 IRS Form.

**D) Voided Check or Bank Letter should the SOUL Family Legal Permanency Residential Custodian elect to receive direct deposit. Once voided check or bank letter are received, the SOUL Family Legal Permanency Residential Custodian will be added to OAR Docusign.**

**SOUL Family Legal Permanency Residential Custodian will receive an email from OAR Docusign to complete Direct Deposit for monthly subsidy. DO NOT DELETE. Follow instructions prompted within email. Link will expire after 72 hours.**

**Step 2: Upon finalization of SOUL Family Legal Permanency, the CWCMP sends the following directly to the DCF Regional Office Contact to initiate payment of SOUL Family Legal Permanency Monthly Subsidy**

**☐ A) PPS 6302:** **SOUL Family Legal Permanency Subsidy Agreement**

**☐ B) Appointment of SOUL Family Legal Permanency Journal Entry – Note: payments cannot be authorized until this is received and correct.**

**Step 3: The DCF Regional Office Contact reviews the documents for accuracy, completeness, and saves all documents from step 1 and 2 to the SOUL Family Legal Permanency shared drive. Reference the instructions on shared drive for saving. The DCF Regional Office Contact sends notification to CWCMP.**

A. SOUL Family Legal Permanency Monthly begins the first day of the month of appointment of SOUL Family Legal Permanency by the court.

**Step 4: Upon notification the CWCMP shall proceed in communicating the below information with the SOUL Family Legal Permanency custodian(s).**

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| --- | --- | --- | --- | --- |
| **The CWCMP shall inform the SOUL Family Legal Permanency custodian(s) of the following:**  A. How to access and provide a copy of the following:   * 1. Journal Entry with the court date stamp on it   2. The completed PPS 6302 SOUL Family Legal Permanency Subsidy Agreement with DCF Administration signature.   B. The instructions to apply for Aged Out KanCare/Medicaid when the youth turns 18:   * 1. The SOUL Family Legal Permanency custodian shall assist the young adult in complete a paper application for Aged Out Medical Assistance.   2. The SOUL Family Legal Permanency residential custodian should write AGED OUT Medicaid at the top of the completed application.   C. The name and contact information of the regional DCF point-of-contact for questions about payments, returning annual reviews and reporting changes.   |  |  |  |  | | --- | --- | --- | --- | | DCF Regional Contact Name |  | Email |  |   D. Instructions for completing and submitting the PPS 6320 SOUL Family Legal Permanency Change in Status Form. Changes in living arrangements, school, child’s income, and closures, etc. are to be reported by the family to the regional office, using this form.  E. Instructions for completing and submitting the PPS 6315 SOUL Family Legal Permanency Annual Review. DCF regional offices are to complete annual reviews with the SOUL Family Legal Permanency residential custodian. Failure to complete and return the forms to the regional offices could result in subsidy being stopped. The Soul Family Legal Permanency Monthly Subsidy is not considered income and therefore the agency does not send out a 1099-MISC, Miscellaneous Information, to the I.R.S. reporting the benefit.  F. Information shall be provided on the DCF Independent Living services for eligible youth. |

