

# Soul Family Legal Permanency Change in Status Form

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

SOUL Family Legal Permanency Residential Custodian Name: \_\_\_\_\_

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

Family Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Relationship to youth: (Check one)  Relative  Non-Relative/Kin  Other (please explain relationship):

SOUL Family Legal Permanency 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 subsidies and a fraud investigation.

1. Youth's living situation changed.  Yes  No  
Explain: \_\_\_\_\_

2. Legal/financial responsibility of the custodian changed.  Yes  No Date of Change: \_\_\_\_\_  
Explain: \_\_\_\_\_

3. Youth's resources changed.  Yes  No Date of Change: \_\_\_\_\_  
Explain: \_\_\_\_\_

6. Youth became emancipated.  Yes  No Date of Change: \_\_\_\_\_

7. Youth died.  Yes  No Date of Change: \_\_\_\_\_

8. Youth no longer need support.  Yes  No Date of Change: \_\_\_\_\_

9. Youth has accessed Independent Living Services and wishes to receive the Independent Living Subsidy.  Yes  No  
Date of Change: \_\_\_\_\_

10. Explanation of any above boxes marked yes": \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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This review is completed by:

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Soul Family Legal Permanency  
Residential Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE RETURN TO:**

DCF worker: \_\_\_\_\_ DCF Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

**For DCF Office Use Only:**

1. KEES ID # upon implementation of KEES: \_\_\_\_\_ 2. FACTS ID: \_\_\_\_\_  
3. Region/CO: \_\_\_\_\_ 4. Date Report Received: \_\_\_\_\_  
5. Changes Reported:  Yes  No 6. Agreement Amended:  Yes  No  
7. Payment Re-authorized for \_\_\_\_\_ months

Signature of Regional Eligibility worker: \_\_\_\_\_ Date: \_\_\_\_\_

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