MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

SUBSIDIZED GUARDIANSHIP PLAN

SECTION I - IDENTIFYING INFORMATION

1. PRESENT/PROSPECTIVE LEGAL GUARDIANS' NAME				2. DVN
	3. CHILD'S NAME	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME
4. DCN				
5. BIRTH DATE				
6. DATE, PLACED WITH FAMILY				
7. DATE, GUARDIANSHIP GRANTED				
8. RELATIONSHIP AT TIME OF PLACEMENT				
9. AGENCY CUSTODY AT TIME OF PLACEMENT				

10. EXPLANATION/COMMENTS:

SECTION II - PROPOSED PLAN FOR MEETING NEEDS OF CHILDREN

NEED	1. CHILD'S NAME	CHILD'S NAME	CHILD'S NAME	CHILD'S NAME
	2. FINANCIAL RESOURCES $	FINANCIAL RESOURCES $	FINANCIAL RESOURCES $	FINANCIAL RESOURCES $

SECTION II CONTINUED - PROPOSED PLANS FOR MEETING NEEDS OF CHILDREN

	CHILD'S NAME			CHILD'S NAME			CHILD'S NAME			CHILD'S NAME		
	LEGAL GUARDIAN	DFS	N.A.	LEGAL GUARDIAN	DFS	N.A.	LEGAL GUARDIAN	DFS	N.A.	LEGAL GUARDIAN	DFS	N.A.
MAINTENANCE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
MEDICAID	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
DAY CARE	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. LEGAL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. INTEGRATIVE (SPECIFY)												
6. MEDICAL CARE												
MEDICAL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
DENTAL	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
OTHER	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. OTHER SPECIAL												
RESIDENTIAL TREATMENT												
OTHER (SPECIFY)												

8. EXPLANATION/COMMENTS

SECTION III - INITIAL PLAN/REVIEWS/APPROVAL

INITIAL PLAN	DATE	WORKER SIGNATURE	SUPERVISOR SIGNATURE	LEGAL GUARDIAN SIGNATURE	DATE

APPROVAL	DATE	APPROVED?		
		☐ YES ☐ NO	COUNTY DIRECTOR SIGNATURE ▶	
		☐ YES ☐ NO	AREA DIRECTOR SIGNATURE ▶	

REVIEWS

LG. CONTACT	DATE	CHANGE?	REASON FOR CHANGE	WORKER NAME	AREA APPROVED
		YES ☐ NO ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			
		☐ ☐			

SECTION IV - COMMENTS

DATE	COMMENTS	RESPONSE	INITIALS