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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES CHILDREN’S DIVISION **APPLICATION FOR SUBSIDIZED GUARDIANSHIP** |
| **Child Information:** |
| This application for a guardianship subsidy is made on behalf of the following child: |
| **Name** | **DOB** | **DCN** |
|  |  |  |
| **Date placed with family**  |
| **Guardian(s) Information:** |
| **This application for subsidy is being made by:** |
| **Name(s)** |
|       |
| **Address** | **City/State** |
|  |  |
| **Relationship to family at time of initial placement:**  |
| ***TO BE COMPLETED BY WORKER:*** |
| **Agency who had custody at time of placement** | **Worker Name**  |
|  |  |
| **Date of guardianship**  | **Date of last IV-E eligibility determination** |
|  |  |
| **IV-E eligible:** **[ ]  Yes** **[ ]  No** |
| **SSI eligible:** **[ ]  Yes** **[ ]  No**  | **Receiving OASDI:** **[ ]  Yes** **[ ]  No** |
| ***Special Needs Criteria for which application is being made: (Check all that apply)*** |
| **[ ]** **[ ]** **[ ]** **[ ]** **[ ]**  | **Care and custody with the Children’s Division** **Over age 5****Handicapping condition** **Member of a sibling group being placed together** **Guarded prognosis** |
| **Summary Information regarding the child. (Include medical, physical, and mental health information/documentation as well as relevant information about biological parent(s) that may result in guarded prognosis for this child)** |
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| **Attach a copy of the child’s full social summary as outlined in Section 4 Chapter 27 Subsection 3 of the Child Welfare Manual.** |
| Guardian Signature | Date |
|  |       |
| Guardian Signature | Date |
|  |       |