

AGENCY-RELATIVE GUARDIANSHIP DISCLOSURE

ONE COPY TO: Relative Caregiver
Child's Social Services Record
Child's Eligibility Record

NOTE: THIS DISCLOSURE MUST BE COMPLETED PRIOR TO A RELATIVE BECOMING LEGAL GUARDIAN

NAME OF CHILD:		CAREGIVER'S NAME:
DATE PLACED WITH THIS RELATIVE:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:

Initial Here:

_____ I understand that I am not required to change custodial status from relative caregiver to legal guardian. However, if I decide to become a legal guardian, court dependency may be dismissed.

_____ I have been provided a Guardianship Pamphlet.

1. AFDC-Foster Care to Kin-GAP Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$ _____ to \$ _____ per month.
- When the child reaches age 18 years, the child must complete the Kin-GAP Mutual Agreement for 18 year olds to continue to receive Kin-GAP payments until they reach the age of 19 years or completes their secondary education or vocational training prior to 19 years.
- The child may be eligible for continued benefits up to age 21 years if the child has a mental or physical disability. If you start to receive Kin-GAP benefits before the child's 16th birthday and the child does not have such a disability, the child will not be eligible for the up-to-age 21 extension of benefits that comes into effect as of January 1, 2012.
- The child will no longer be eligible to receive an AFDC-Foster Care payment.
- The child's siblings are eligible for Kin-GAP if they live in the same household.
- The child will be eligible to receive a clothing allowance and the state supplemental clothing allowance.
- The child may be eligible to receive a specialized care increment if already in receipt of a specialized care increment or may receive a specialized care increment if the needs of the child change in the future. Note: the amount of the specialized care increment may be increased or decreased based on changes to the child's special needs.
- If the child is a consumer of California regional center services, he/she will be eligible for a dual agency rate and may be eligible for a supplemental rate.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you the caregiver or the child. However the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.
- The Infant Supplement and the \$200 Shared Responsibility Plan increment may be payable in Kin-GAP.
- If I move to another county, the Kin-GAP rate paid to me will be based on the host county's rate, or the rate of the county which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county rate cannot be paid.

- If I move out of state, the Kin-GAP payment may continue. In addition, if I remain eligible for a Kin-GAP payment, after moving out of state, I will be eligible for Medicaid based on that state's Medicaid program.
- If the child is eligible for Kin-GAP, he/she will also be eligible for Medi-Cal.
- The child's Kin-GAP and Medi-Cal eligibility may be impacted if resources exceed \$10,000 or residence is out of state.
- Any income, which the youth has earned as part of their transitional independent living plan, is exempt.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.

2. AFDC-FC to CalWORKs
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child will not receive an AFDC-Foster Care payment.
- The child will not receive a clothing allowance or a specialized care increment.
- The child will not be eligible for the Transitional Housing Program.

3. CalWORKs to Kin-GAP
Initial Here:

_____ I understand that by becoming a relative legal guardian of _____:

- The child's payment will change from \$_____ to \$_____ per month.
- The child's siblings are eligible for Kin-GAP if they live in the same household.
- The child cannot get both CalWORKs and Kin-GAP payments.
- The child will no longer be eligible to receive Cal-Learn benefits.
- The child will no longer be eligible to receive CalWORKs child care services.
- The child will be eligible to receive a clothing allowance and may be eligible to receive a specialized care increment if the needs of the child change in the future. Note: the amount of the specialized care increment may be increased or decreased based on changes to the child's special needs.
- If the child is a consumer of California regional center services, he/she will be eligible for a dual agency rate and may be eligible for a supplemental rate.
- Non-referral to child support may continue if the social worker determines it is in the best interest of the child. If not, the parent may have to pay child support to the agency.
- The child remains eligible for Independent Living Program services when the child attains age 16 and such services are requested by you the caregiver or the child. However, the youth will not be eligible for the Chafee Educational/Training Voucher unless the youth remains in foster care until age 16 prior to the transfer to Kin-GAP.

- When the child reaches age 18 years, the child must complete the Kin-GAP Mutual Agreement for 18 year olds to continue to receive Kin-GAP payments until they reach the age of 19 years or completes their secondary education or vocational training prior to 19 years.
- The child may be eligible for continued benefits up to age 21 years if the child has a mental or physical disability. If you start to receive Kin-GAP benefits before the child's 16th birthday and the child does not have such a disability, the child will not be eligible for the up-to-age 21 extension of benefits that comes into effect as of January 1, 2012.
- The Infant Supplemental and the \$200 Shared Responsibility Plan increment may be payable in Kin-GAP.
- If I move to another county, the Kin-GAP rate paid to me will be based on the host county's rate, or the rate of the county which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county rate cannot be paid.
- If I move out of state, the Kin-GAP payment may continue. In addition, if I remain eligible for a Kin-GAP payment, after moving out of state, I may be eligible for Medicaid based on that state's Medicaid program.
- If the child is eligible for Kin-GAP, he/she will also be eligible for Medi-Cal.
- The child's Kin-Gap and Medi-Cal eligibility may be impacted if resources exceed \$10,000 or residence is out of state.
- Any income, which the youth has earned as part of their transitional independent living plan, is exempt.
- The child will not be eligible for the Transitional Housing Program or the Transitional Housing Program Plus.
- If the relative caregiver is on CalWORKs and is caring for one or more foster children and all children in the assistance unit move to Kin-GAP, the caregiver may continue to remain eligible for a CalWORKs grant as a family of one.

**4. Remain CalWORKs
Initial Here:**

_____ I understand that by becoming a relative legal guardian of _____:

- The child will not receive an AFDC-Foster Care or Kin-GAP payment.
- The child will remain eligible to CalWORKs.

Services

If you become guardian of this child and the court dependency is terminated:

Initial Here:

_____ I understand that I may receive assistance from the county child welfare agency if it is necessary to terminate guardianship or to appoint a co-guardian for the child.

_____ I understand that I may renegotiate the payment if my circumstances or the needs of the child change;

_____ I understand that the child and I will no longer be assigned a social worker;

_____ I understand that the child and I will no longer be required to go to court;

_____ I understand that the child will no longer have a court appointed attorney;

_____ I understand that I am not prevented from adopting this child at any time in the future;

_____ I understand that I may still contact the county if I need assistance at _____;

_____ Other: _____

Some Important Kin-GAP Information

These are some of the important things you should know about Kin-GAP:

Initial Here:

- _____ I understand that every two years I will be required to complete a review of the child's circumstances with the county. I understand that I must report within 5 days any changes which may affect the child's eligibility for the program.
- _____ I understand that if I move to another county/state, my payment will be based on the host county's/state's rate, or the rate of the county/state which had court-ordered jurisdiction over the legal guardianship if it is determined that the host county/state rate cannot be paid.
- _____ I understand that any specialized care increment that I receive may change based on the child's health or behavioral needs.

I have read the above and understand all of the legal guardianship options that are available to me (adoption, legal guardianship, long-term foster care). After considering all the options, I have voluntarily chosen legal guardianship with the associated payment noted above.

I have chose option # 1 2 3 4 *(Circle one)*

SIGNATURE OF SOCIAL WORKER: 		SIGNATURE OF RELATIVE LEGAL GUARDIAN: 	
TITLE/AGENCY:			
ADDRESS:		ADDRESS:	
TELEPHONE NUMBER ()	DATE:	TELEPHONE NUMBER ()	DATE:

RELEASE OF INFORMATION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to determine your eligibility. Failure to provide SSN may result in denial or discontinuance of aid. Authority: **Welfare and Institutions Code, Section 11268.**