

SUBSIDIZED GUARDIANSHIP APPROVAL CHECKLIST

DCF-2051G
09/24 (Rev.)

DCF SW Last Name:	DCF SW First Name:	DCF Office:		
Child Last Name	Child First Name	Child's DOB:	CT-KIND #:	Date:
Medical #:	State of Residence:	Is Child DDS Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Child Receive Medicaid from Out-Of-State? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Check Below for Type of Subsidy:

<p>Basic Financial and Medical</p> <p>Medically Complex - Packet Must Include DCF-2101 Signed by RRG and Treating Physician Within the Previous Six Months. The Child's Doctor Must Check the Box that Child is Certified as Medically Complex Therapeutic</p> <p>Exceptional Expense Subsidy:</p> <p>IV-E: Is this Child IV-E Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Related Siblings: Is this Child Related Only to a Sibling in the Provider's Home and Not to the Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please enter the Per Diem Rate, based upon the box checked on the left:</p>
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Packet Must Be Signed by Proposed Guardian and DCF Staff Where Applicable and Include:

<p>Copy of Birth Certificate</p> <p>Copy of Social Security Card</p> <p>DCF-2101, Medically Complex Certification Form Signed and Checked as Certified by Child's Physician (If Applicable)</p> <p>DCF-2158, Assessment of Child and Family for Subsidized Guardianship</p> <p>DCF-2159, Application for Guardianship Subsidy (Including Approved Exceptional Expense Subsidy)</p> <p>DCF-418-I-G, Initial Agreement for a Guardianship Subsidy</p> <p>DCF-552-G, Title IV-E Guardianship Subsidy Application</p> <p>JD-JM-31, Order of Termination of Parental Rights</p> <p>JD-JM-58, Order of Temporary Custody</p> <p>JD-JM-65, Adjudicatory/Dispositional Orders</p> <p>MA-1 Medical Assistance Form</p> <p>REU Emails from Revenue Enhancement Regarding IV-E Status and Social Security Benefits Status Prior to Transfer of Guardianship</p>
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Date Child Was Placed in Foster Care:	Date Child Placed by DCF With Guardian:	Note: In order to be eligible for a DCF financial or medical subsidy, the child must be currently in the care of the proposed guardian and have been in licensed or approved foster care for at least six months before the TOG may occur in SCJM.
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Proposed Guardian Information:

CT-KIND Provider #:	Parent #1 Last Name:	Parent #1 First Name:	Parent #2 Last Name:	Parent #2 First Name:
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Licensing Worker Has Verified that All Licensing and Background Checks are in the Provider File.

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Out-Of-State Proposed Guardian Family (Documents from ICPC Unit):

Out-of-state guardians must have a current license or approval from the state in which they reside that is in effect on the date of the transfer of guardianship in SCJM.	License Date:	License Expiration Date:
<p>Copies in Packet: <i>(Note: Some states may not provide copies of actual background checks but will send a letter to confirm that background checks were completed, and that the family was approved or licensed)</i></p> <p>Approved ICPC 100-A (For Adoption) Pre-Adoptive Family's Approved Adoption Home-Study</p> <p>Concurrence To Discharge Out-Of-State License (Current) IV-E Audit</p>		
Reviewed By (Name of DCF Social Work Supervisor):	Signature of DCF Social Work Supervisor:	Date:
Reviewed By (Name of Subsidy Permanency Specialist CSC):	Signature of Subsidy Permanency Specialist CSC:	Date:
Approved By (Name of Subsidy Unit Program Supervisor or Designee):	Signature Of Subsidy Unit Program Supervisor or Designee:	Date:

