

ENHANCED/SUBSIDIZED GUARDIANSHIP ANNUAL RENEWAL REPORT

Date Mailed_____

Your Completed Annual Report is Due_____

Dear Relative Caregiver:

At the time you accepted guardianship of the child(ren) named below, you agreed to submit to an annual renewal report required for continuing the Enhanced/Subsidized Guardianship payments. It is now time for your annual renewal.

Please cooperate by accurately completing the items on this form. It must be signed and given to a DFCS representative for continued ESG/SG payments.

A mandatory visit, at which the child must be interviewed separately, is required and must be documented in the ESG/SG file. It must include dates and names of participants.

***** Please complete all items *****

Name of Caregiver Custodian (1) _____

Name of Caregiver Custodian (2) _____

Mailing Address _____

Phone Number(s): Home: _____ Work: _____

CHILDREN IN PERMANENT CUSTODY PLACEMENT

Child's Full Name	Date of Birth	Private Health Insurance		Medicaid		Income		Date Permanent Custody Awarded
		Yes	No	Yes	No	Amount	Source	
1.								
2.								
3.								
4.								
5.								
6.								

PROGRESS/STATUS OF CHILDREN IN PERMANENT PLACEMENT

Child's Name	Grade	<u>School Performance</u>	<u>Any Illnesses or Accidents</u>	<u>Any Problems with Law Enforcement</u>	<u>Child Resided with me for last _____ Consecutive Mos.</u>
		Excellent Fair Failing	Yes No	Yes No	Enter # of months
1.					
2.					
3.					
4.					
5.					
6.					

Child's Name	Use space below to explain any "Yes" items in the previous tables and to clarify child's health coverage, income and school performance. Also, explain any breaks in child's placement since last report period.
1.	
2.	
3.	
4.	
5.	
6.	

ADDITIONAL COMMENTS: _____

The information in the table below pertains to every adult (age 18 or older) living in my home within the past 12 months. Explain all answers completely.

Adult's Full Name & Age	Relationship to Caregiver	Date moved into home, if new to home	<u>Income</u>	<u>Felony Conviction</u>		<u>Investigated by CPS</u>	
			Amt. - Source	Yes	No	Yes	No
1.							
2.							
3.							
4.							

Child's Name	Use space below to explain all breaks in child's placement since the last report period (12 months). Why was child out of your care? For how long? Where was the child? Who was child with? What do you know about child's activities while away from your care? To whom did you report this information?
1.	
2.	
3.	
4.	
5.	
6.	

Child's Name	Use space below to report changes or concerns about the child(ren) in your care. You may also include your request(s) for referrals for needed services. Please explain completely.
1.	
2.	
3.	
4.	
5.	
6.	

Please provide any additional information which may impact the child(ren) placed in your guardianship. Clarify who is involved, dates of action and the current status of the situation. Has the matter been resolved? What actions have you taken?

<p>I understand that Enhanced Subsidized Guardianship or Subsidized Guardianship payments continue in effect according to the terms specified in the Enhanced Subsidized Guardianship or Subsidized Guardianship as long as my home remains in approval status and the child continues to thrive and develop in my care.</p> <p>By signing this document, I am attesting to the accuracy and completeness of the information in this report. All information, which would adversely affect the child or this placement, has been reported herein.</p>			
<hr/> Signature of Caregiver/Custodian 1		<hr/> Signature of Caregiver/Custodian 2	
<hr/> Date		<hr/> Date	
Interviewed by:		Approved by:	
<hr/> Signature of Case Manager/Supervisor		<hr/> Signature of County Director/Designee	
<hr/> Date		<hr/> Date	

