

RELATIVE CARE SUBSIDY APPLICATION AND AGREEMENT

- ☐ **Relative Care Subsidy**
☐ **Enhanced Relative Care Subsidy :**

Income Verification Type: _____ **Income Verification Date:** _____
Effective Date: _____ **Renewal Date:** _____

_____ By signing this form, I am hereby agreeing to the **Terms, Conditions and Reporting Requirements** for receiving the Relative Care Subsidy (RCS) payment as described herein. These funds are accepted on behalf of my relative, _____ a child whose legal custody (until age 18) I have agreed to accept from the court. The Department of Human Resource approval of this agreement is granted contingent on the availability of funds and my cooperation with periodic agency and court reports.

_____ I (we) decline enrollment in the Relative Care Subsidy Program at this time. However, should circumstance change, I (we) reserve the option to initiate RCS payments on behalf of _____.
Child's Name

Signature	Relationship/Title	Date
Signature	Relationship/Title	Date
Witness Signature, (if Signed above with "X")	Relationship/Title	Date

Agency Approval Authority

Title

Date

Child in Permanent Relative Custody Identification

Name	Date of Birth	Social Security No.		
Child _____	_____	_____		
Mother _____	_____	_____		
_____	_____	_____		
Address	City	State	Zip Code	Phone Number
Father _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Address	City	State	Zip Code	Phone Number

Relative Caregiver Identification

Name	Date of Birth	Social Security No.	Relationship	
Caregiver 1 _____	_____	_____	To Child _____ To Caregiver (2) _____	
Caregiver 2 _____	_____	_____	(1) _____	
_____	_____	_____	_____	
Address	City	State	Zip Code	Phone Number
Emergency Phone No. (s): _____	Day	Night		

Relative Care Subsidy Terms of Agreement

I (We), _____ and _____,

am (are) committed to providing a permanent home for our relative, _____, a child in the temporary legal custody of _____ County Department of Family and Children Services (DFCS). In accepting this responsibility, I (we) knowingly enter into an agreement with DFCS regarding his/her overall health, care and wellbeing while in my (our) home and care. It is my (our) understanding that once the court has issued the court order awarding permanent custody to me (us), the following will apply, and we are, hereby, agreeing to these **Terms and Conditions**:

1. I (We) agree to provide the child with a nurturing and stable home environment.
2. I (We) agree to protect the child from harm or maltreatment.
3. I (We) agree to abide with DFCS and court requirements regarding this child's care.
4. I (We) agree to assure that his/her health, emotional, psychosocial, educational and physical needs are met.
5. I (We) agree to provide adequate clothing, appropriate for weather conditions and child's special needs.
6. I (We) agree to provide for child's dietary needs and special foods or supplements required for him/her.
7. I (We) agree to seek and obtain mental health and /or counseling services recommended for the child.
8. I (We) agree to notify the agency and court of changes in the household circumstances which may affect the child, such as
 - a). person(s), over age 17, moving into or out of the household,
 - b). caregiver(s) name changes,
 - c). child/family moves to new address,
 - d). child runs away, is kidnapped or whereabouts are unknown,
 - e). child is seriously injured, becomes critically ill, or dies,
 - f). child is incarcerated and expected to be retained beyond his/her 18th birthday,
 - g). child marries and moves out of the home,
 - h). child receives personal income or benefits equivalent to or greater than the current foster care per diem rate,
 - i). child is removed from my home due to abuse, neglect or other maltreatment,
 - j). child is returned to the permanent legal custody of the birth parent(s), or
 - k). any circumstance causing the child to be at risk and/or no longer requiring this placement and/or this subsidy.

It is my (our) understanding that staff from _____ County DFCS office will do the following (or arrange same) with the social services agency in the county where I (we) reside:

1. Send advance notification to schedule the annual review of my home.
2. Complete an annual review of my home.
3. Send me (us) written notification of the continuation (specifying the amount) or termination of the subsidy payments. The dates of the eligibility period will be included in the notification letter.
4. Provide \$_____ in monthly subsidy to help defray expenses for the child's care.
5. Refer me (us) to service providers who are appropriate resources for addressing identified needs of the child.

I (we) understand and will abide by the court's and agency's expectations that I (we) will provide our young relative, _____, with a safe, protective and nurturing home environment while in my(our) custody.

Child's Name