



Subsidized Permanent Guardianship Eligibility

Status: NEW REVISED

CHILD IDENTIFYING INFORMATION:

Child's Last Name:	Child's First Name:	Middle:	Date of Birth:	Person ID:
Race:	Sex:	Hispanic/Latino:		

PERMANENT GUARDIAN(S) INFORMATION:

Permanent Guardian Last Name:	Permanent Guardian First Name:	Permanent Guardian Address:	Permanent Guardian Email Address:	Permanent Guardian Phone Number:
Permanent Guardian Last Name:	Permanent Guardian First Name:	Permanent Guardian Address:	Permanent Guardian Email Address:	Permanent Guardian Phone Number:

NOT ELIGIBLE FOR SUBSIDIZED PERMANENT GUARDIANSHIP

1. The child/youth does not meet the requirements for Subsidized Permanent Guardianship and is therefore ineligible to receive any benefits or services through the Subsidized Permanent Guardianship program.

ELIGIBLE FOR SUBSIDIZED PERMANENT GUARDIANSHIP

1. The child/youth has been determined eligible for Subsidized Permanent Guardianship and will receive \$ _____ per day,

2. The Subsidized Permanent Guardianship funding source is: SPG IV-E Eligible SPG State Eligible

MEDICAL/REHABILITATIVE CARE NEEDS: (List Medical/Rehabilitative Care Needs for which the child/youth is receiving treatment)

Empty box for listing medical/rehabilitative care needs.

NON-RECURRING EXPENSES:

Payment of non-recurring costs incurred by a Permanent Guardian while obtaining Subsidized Permanent Guardianship of a child/youth is available up to a maximum of \$2,000.00 per child/youth for each permanent guardianship placement (per permanent guardianship episode).

MEDICAID /TENNCARE ELIGIBILITY FOR REVENUE MAXIMIZATION USE ONLY

<input type="checkbox"/>	The child/youth has been determined eligible for Title IV-E Subsidized Permanent Guardianship and is, therefore, categorically (automatically) eligible for Medicaid (TennCare) benefits effective the date of guardianship finalization.
<input type="checkbox"/>	The child/youth has been determined eligible for State Funded Subsidized Permanent Guardianship and IS eligible for Medicaid (TennCare) benefits effective the date of guardianship finalization. A yearly re-evaluation is required to determine continued eligibility. Approval of Medicaid (TennCare) is based on the income and resources of the child for whom an SPG agreement is in effect.
<input type="checkbox"/>	The child/youth has been determined eligible for State Funded Subsidized Permanent Guardianship and IS NOT eligible for Medicaid (TennCare) benefits effective the date of guardianship finalization. I shall make an application for health-hospitalization insurance coverage upon finalization.

Reason Medicaid/TennCare Ineligibility:

REVENUE MAXIMIZATION SPECIALIST SIGNATURE

Revenue Maximization Specialist Signature:	Date
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DECLARATION TO OBTAIN HEALTH-HOSPITALIZATION INSURANCE COVERAGE

I shall make application for health-hospitalization insurance coverage upon finalization. Yes No

APPROVAL OF SUBSIDIZED PERMANENT GUARDIANSHIP ELIGIBILITY

If revised, reason for revision:

Permanency Specialist Signature:	Date
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DCS Supervisor Signature:	Date
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SIGNATURE OF PERMANENT GUARDIAN(S)

Permanent Guardian Signature:	Date
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Permanent Guardian Signature:	Date
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