



Application for Subsidized Permanent Guardianship

CHILD IDENTIFYING INFORMATION:

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

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:

Select one of the following.☐**ACKNOWLEDGEMENT OF INELIGIBILITY OF SUBSIDIZED PERMANENT GUARDIANSHIP**

1. I understand that _____ is not eligible for Subsidized Permanent Guardianship and I may not apply for Subsidized Permanent Guardianship. Yes ☐ No ☐

☐**REQUEST FOR SUBSIDIZED PERMANENT GUARDIANSHIP BENEFITS AND SERVICES:**

1. I have discussed with DCS staff the legal permanency options (adoption, reunification, exit custody to relative) and have concluded that legal permanent guardianship is in the best interest of the child/youth and our family. Yes ☐ No ☐
2. I have discussed permanent guardianship and the availability of Subsidized Permanent Guardianship (SPG) benefits and services with our Family Service Worker (FSW) and/or Permanency Specialist. Yes ☐ No ☐
3. I am committed to permanently caring for _____ but cannot assume legal permanent guardianship without SPG payment(s) and/or benefits, based on the needs of the child/youth and my ability to permanently care for the child/youth. Yes ☐ No ☐
4. I am applying for the following SPG benefits: CHECK ALL THAT APPLY

Subsidized Permanent Guardianship Assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Recurring Guardianship & Legal Expenses (Not to Exceed \$2000.00): Yes <input type="checkbox"/> No <input type="checkbox"/>	Medicaid (TennCare): Yes <input type="checkbox"/> No <input type="checkbox"/>
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5. Medicaid/TennCare Enrollment: COMPLETE THIS SECTION **ONLY** IF THE CHILD IS **STATE FUNDED** IN FOSTER CARE.

<i>The information below must be completed by the Permanency Specialist in collaboration with the Permanent Guardian(s).</i>	
_____ Initials	I reside in Tennessee and have elected not to make application for health-hospitalization insurance coverage upon finalization but are requesting that the Department of Children's Services (Child Welfare Benefits Division) apply for Medicaid (TennCare) on behalf of _____.
_____ Initials	The Department of Children's Services (Child Welfare Benefits Division) will use the information below to make application for Medicaid (TennCare) for the child/youth.

<p><i>In order to make application for Medicaid (TennCare), the child/youth's Social Security Number and proof of any income or financial resources received by or on behalf of the child/youth must be provided. (Examples of income include: Social Security or Veteran's benefits, SSI, money received from working; Examples of financial resources include: cash, checking, savings, or other bank accounts, trust funds, vehicles.)</i></p> <p><u><i>Use of Social Security Numbers and Computer Matching:</i></u> <i>An individual applying for Medicaid (TennCare) must have a Social Security Number or apply for one, as required by Public Law 97-98. Social Security Numbers are used to check other computer and government records and ensure the individual is eligible for Medicaid (TennCare), including Social Security and employment records. If those records do not match the information provided for the child/youth, the child/youth may not receive Medicaid (TennCare).</i></p>			
Child/Youth's Social Security Number		Is the child/youth a U.S. Citizen or Qualified Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child/youth currently have medical insurance or any group health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes', policy holder name:		Name of Carrier:	
Policy#		Effective Start Date:	
Is child/youth a full-time student?	<input type="checkbox"/> Yes - <i>Proof of school attendance must be provided to DCS.</i> <input type="checkbox"/> No		
Is child/youth currently employed?	<input type="checkbox"/> Yes - <i>Proof of income (before taxes/expenses) must be provided to DCS.</i> <input type="checkbox"/> No		
Is child/youth currently receiving a SSA, VA, or SSI benefits?	<input type="checkbox"/> Yes - <i>Proof of the type and amount of the benefits must be provided to DCS.</i> Type of Monthly Benefit: _____ Monthly/Weekly Amount: _____ <input type="checkbox"/> No		
Does the child/youth have any financial resources?	<input type="checkbox"/> Yes - <i>Proof of the type and value of the benefits must be provided to DCS.</i> Type of Financial Resource: _____ Value of Financial Resource: _____ <input type="checkbox"/> No		
1. I understand that information may be submitted to the United States Citizenship and Immigration Services (USCIS) to verify that the child/youth is a U.S. citizen or a qualified alien. 2. If the child/youth receives <i>Medicaid (TennCare)</i> , I assign to the State any other medical benefits the child/youth has as long as the child/youth receives <i>Medicaid (TennCare)</i> . 3. I agree to authorize the release of information to recover any fraudulent claims for Medicaid (TennCare). 4. I understand that if I disagree with the TennCare eligibility decision, I may appeal the decision by TennCare within 90 days of the date notified.			
<input type="checkbox"/> REFUSAL OF SUBSIDIZED PERMANENT GUARDIANSHIP BENEFITS AND SERVICES:			
1. I have discussed with DCS staff the legal permanency options (adoption, reunification, exit custody to relative) and have concluded legal permanent guardianship is in the best interest of the child/youth and our family. Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. I have discussed permanent guardianship and the availability of Subsidized Permanent Guardianship (SPG) benefits and services with our Family Service Worker (FSW) and/or Permanency Specialist. Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. I have chosen NOT to make an application for Subsidized Permanent Guardianship (SPG) benefits and services. Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. I understand by electing not to make application for Subsidized Permanent Guardianship prior to the permanent guardianship finalization, I will receive NO services or benefits through the Subsidized Permanent Guardianship program. Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. I understand by electing not to apply for Subsidized Permanent Guardianship prior to the permanent guardianship finalization, I will forfeit my opportunity and legal right to apply for Subsidized Permanent Guardianship at any time after the permanent guardianship is legally finalized. Yes <input type="checkbox"/> No <input type="checkbox"/>			
SIGNATURE OF PERMANENT GUARDIAN(S):			
Permanent Guardian:			Date:
Permanent Guardian:			Date: