SOUL FAMILY LEGAL PERMANENCY SUBSIDY AGREEMENT

Youth Name: _____ DOB: _____ SSN: _____

SOUL Family Legal Permanency Residential Custodian Name: _____

DOB: _____ SSN: _____

Court of Jurisdiction: County _____ District #: _____

I _____ , hereby affirm and agree:

(Name of Residential Custodian)

I have been appointed to be the SOUL Family Legal Permanency residential custodian for _____

(Name of Youth)

On _____

(Date)

My relationship to this youth is: _____

(Relationship)

AS THE SOUL FAMILY LEGAL PERMANENCY RESIDENTIAL CUSTODIAN: (initial each statement)

_____I understand that SOUL FAMILY LEGAL PERMANENCY subsidy is at the discretion of the Department for Children and Families (DCF) and that the award of a subsidy does not constitute entitlement or give rise to a private cause of action (lawsuit) as a result of an award, denial or modification of terms.

_____I further agree that I (we) will cooperate fully and completely with the department in establishing and maintaining eligibility for a SOUL FAMILY LEGAL PERMANENCY subsidy and that said subsidy may be terminated for failure to cooperate with DCF in establishing and maintaining documentation of eligibility for subsidy.

_____I understand SOUL FAMILY LEGAL PERMANENCY Subsidy can be less than Adoption Subsidy.

_____I agree to notify DCF within 30 days of any changes in the youth's situation and to participate in an annual report.

_____I agree to advise DCF if the SOUL FAMILY LEGAL PERMANENCY CUSTODIAN appointment is set aside or legal/financial responsibility for the youth ceases.

_____I acknowledge that if changes in circumstances of the youth are not reported to DCF, a fraud investigation may be conducted.

_____I understand DCF may adjust the eligibility requirements, amount of subsidy payment and duration of support payment to ensure the department expenditures remain within available funds.

_____I understand I may apply for financial benefits for the youth, including completing an application for child-only Temporary Assistance to Families (TAF) in addition to receiving the SOUL FAMILY LEGAL PERMANENCY subsidy.

_____I understand the SOUL FAMILY LEGAL PERMANENCY subsidy will terminate at the time the (a) youth is 18 years of age or has completed high school; (b) youth becomes emancipated, dies, leaves the home, (c) acceses Independent Living Subsidy or otherwise ceases to need support (d) attains age 21.

_____I understand if the youth becomes eligible for Supplemental Security Income (SSI), above $500, after the SOUL FAMILY LEGAL PERMANENCY Subsidy was approved, the youth becomes ineligible for SOUL FAMILY LEGAL PERMANENCY Subsidy.

_____I understand if I move to another state, the Kansas medical card may provide limited coverage if my new state of residence will not honor the youth's Medicaid coverage. I would need to apply on our own, and meet eligibility requirements in the new residence state, to receive that state's medical card.

_____I have received a copy of the PPS 6320, SOUL FAMILY LEGAL PERMANENCY Change Status Form.

_____I have been informed of the possibility of Independent Living Services for youth who achieve SOUL FAMILY LEGAL PERMANENCY at or after age 16, and access to services is through the State's Independent Living Program Manager.

_____I have been informed that when the child is 17, if (s)he was in the custody of the Secretary of DCF at age 14 or older and meets the minimum state requirments for high school graduation, (s)he may ask the school where they are enrollled or reside for a diploma.

DCF agrees to pay a SOUL FAMILY LEGAL PERMANENCY subsidy in the amount of: _____

Payment is to begin: _____

DCF agrees to pay a SOUL FAMILY LEGAL PERMANENCY one time Payment in the amount of: _____

Payment is to be issued: _____

SOUL FAMILY LEGAL PERMANENCY RESIDENTIAL CUSTODIAN Signature: _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DCF Regional Office Contact Name: _____

DCF Regional Office Contact Signature: _____

PPS Administration: _____ Date: _____

Kansas
Department for Children and Families
Prevention and Protection Services