

SOUL Family Legal Permanency Youth Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			
SOUL Family Legal Permaency Residential Custodian Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			
SOUL Family Legal Permanency Custodian Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			
SOUL Family Legal Permanency Custodian Name:		DOB:	
Street Address:			
City, State, Zip			
Email:			

The Soul Family Legal Permanency subsidy is to be reviewed on an annual basis. Please answer the following questions and return to the designated office within thirty (30) days. Failure to do so will result in temporary suspension or closure of subsidy provided.

1. Do you continue to need SOUL Family Legal Permanency Subsidy??	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you continue to be legally and financially responsible for this youth? If not, date responsibility ended:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	
3. Does the youth continue to reside with you? If no, where does the youth reside? When did the youth move?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	
4. Have there been any changes in the income or resources received for the youth? If yes, describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date:	
5. Subsidy usually ends at age 18. It may continue past 18, up to age of 21, if the youth continues to be in high school.		
a. Has your youth graduated from high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of Graduation (mmddyy):		
b. If not, when do you expect your youth to graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date (mmddyy):		
c. If not expected to graduate, is the youth involved in a GED program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anticipated date of completion (mmddyy):		
Specify:		
6. Would you like to speak with a representative from DCF? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If Question 6 is marked YES, please forward to the corresponding Regional Foster Care Administrator.		

I understand the questions on this form, and I certify, under penalty of perjury, that the information voluntarily given by me on this form is correct and complete to the best of my knowledge.

SOUL Family Legal Permanency Residential Custodian Signature: _____ Date: _____

Youth Signature: _____ Date: _____

PLEASE RETURN BY (mmddyy): _____

To: DCF
worker: _____ DCF Office: _____
Street _____
Address: _____
City, State, _____
Zip: _____
Telephone _____
#: _____ Fax #: _____

For DCF Office Use Only:

1. KEES ID # upon implementation: _____ **2. FACTS ID:** _____

3. Region/CO: _____

4. Date Report Received: _____ **5. Changes Reported:** Yes No

6. Agreement Amended: Yes No **7. Payment Re-authorized for** _____ **months**

Signature

Date:

