Soul Family Legal Permanency Change in Status Form

Date: _________

Youth Name: ____________________	
DOB: _________	SSN: _________
SOUL Family Legal Permanency Residential Custodian Name: _______________	
DOB: _________	SSN: _________
Family Phone: _______________	Email ___________________________
Family Relationship to youth: (Check one)	
☐ Relative	☐ Non-Relative/Kin
☐ Other (please explain relationship): ____	

SOUL Family Legal Permanency shall use this form to send updates to the DCF Regional office at the time changes occur. Note the following changes and return to the designated office within thirty (30) days of the change. Failure to do so will result in suspension of subsidy and a fraud investigation. .

1. Youth's living situation changed.	☐ Yes ☐ No	Date of change:
Explain:		
2. Legal/financial responsibility of the custodian changed.	☐ Yes ☐ No	Date of Change:
Explain:		
3. Youth's resources changed.	☐ Yes ☐ No	Date of Change:
Explain:		
4. Youth turned 18.	☐ Yes ☐ No	Date of Change:
5. Youth graduated from high school.	☐ Yes ☐ No	Date of Change:
6. Youth became emancipated.	☐ Yes ☐ No	Date of Change:
7. Youth died.	☐ Yes ☐ No	Date of Change:
8. Youth no longer needs support.	☐ Yes ☐ No	Date of Change:
9. Youth has accessed Independent Living Services and wishes to receive the Independent Living Subsidy.	☐Yes ☐ No	Date of Change:
Explanation of any above boxes marked "yes":		

This review completed by:

Youth Signature: ________________________________ Date: ____________
Soul Family Legal Permanency Residential Custodian Signature: ________________________________ Date: ____________

PLEASE RETURN TO:

DCF worker: ____________________________ DCF Office: ____________
Street Address: ________________________________
City, State, Zip: ________________________________
Telephone #: ____________________ Fax #: ____________________
Signature of Regional Foster Care Liaison ________________________________

For DCF Office Use Only:			
1. KEES ID # upon implementation of KEES:			
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 of Regional Eligibility worker		Date:		