

**ARIZONA DEPARTMENT OF CHILD SAFETY**  
**GUARDIANSHIP SUBSIDY APPLICATION**  
 (Use separate form if children are NOT siblings)



Guardianship subsidy is an amount paid monthly to a person appointed permanent guardian through the juvenile court for an Arizona child who is adjudicated dependent or pending adjudication. State and federal program benefits which the child is receiving or eligible to receive are deducted from the guardianship subsidy rate to determine the guardianship subsidy payment.

**Guardianship Information**

1.) Permanent Guardian's Name (Last, First, Middle)		Date of Birth	Soc. Sec. No.
2.) Permanent Guardian's Name (Last, First, Middle)		Date of Birth	Soc. Sec. No.
Current Address	Phone	Preferred Language	Ethnicity
City	State	Zip	Relationship To Child: Foster parent Relative/kin Other
Email Address			

1	Name Of Child (Last, First, M.I.)	Date of Birth	Soc. Sec. No.	Date Guardianship Granted	PID
2	Name Of Child (Last, First, M.I.)	Date of Birth	Soc. Sec. No.	Date Guardianship Granted	PID
3	Name Of Child (Last, First, M.I.)	Date of Birth	Soc. Sec. No.	Date Guardianship Granted	PID

**DCS Specialist Information**

DCS Specialist Name	Phone
Email	County

**Indicate the state and federal programs to which you have applied on behalf of the child.**

<b>Child 01</b>	Supplemental Security Income (SSI)	Veteran's benefits
	Social Security death or disability benefits (SSA)	Other/TANF/Cash Assistance
<i>Total Amount</i>		
<b>Child 02</b>	Supplemental Security Income (SSI)	Veteran's benefits
	Social Security death or disability benefits (SSA)	Other/TANF/Cash Assistance
<i>Total Amount</i>		
<b>Child 03</b>	Supplemental Security Income (SSI)	Veteran's benefits
	Social Security death or disability benefits (SSA)	Other/TANF/Cash Assistance
<i>Total Amount</i>		

Have you applied for AHCCCS benefits for the child(ren)? ..... Yes No

**Signatures**

I/we understand that I/we must notify the Guardianship Subsidy office in writing within two (2) weeks of the following changes: termination of the guardianship; death of the child; child no longer resides with the permanent guardian; change in state and federal program benefits to which the child is entitled and other financial assets available to the child; and change in address. Failure to notify the Guardianship Subsidy office could lead to termination of Guardianship Subsidy benefits.

Applicant's Name (Please Print)	Applicant's Signature	Date Signed
Applicant's Name (Please Print)	Applicant's Signature	Date Signed

**If you reside in Apache, Coconino, La Paz, Maricopa, Mohave, Navajo, or Yavapai counties, please send to: 1818 E Sky Harbor Cir N, Ste. 100, Phoenix, AZ 85034**  
**If you reside in Cochise, Gila, Graham, Greenlee, Pima, Pinal, Santa Cruz, or Yuma counties, please send to: 4201 S. Santa Rita Ave #105, Tucson, AZ 85714**

Equal Opportunity Employer/Program. The Department of Child Safety (DCS) prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics, or retaliation or any other status protected by federal law, state law, or regulation. Reasonable accommodations to allow a person with a disability to take part in a program, service, or activity are available upon request. To request this document in alternative format or for further information about this policy contact your local office. TTY/TDD Services: 7-1-1. Free language assistance for DCS services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DCS esta disponible a solicitud del cliente.