

Authorization for Kinship Support Grant Funds

Submit requests to the Kinship Specialty Unit: kinship@azdcs.gov



Funding is limited and approval for each request is not guaranteed. Please review the instructions at the end of this form to avoid errors and delays in processing.

Kinship Caregiver Information

_____ <i>Kinship Caregiver's Name (Last, First)</i>		_____ <i>SA No.</i>	_____ <i>QCID No. (if applicable)</i>
_____ <i>Phone No.</i>	_____ <i>Email</i>		
_____ <i>Mailing Address (No., Street)</i>			
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>	

Children's Information (add separate sheet if necessary)

_____ <i>Child's Name (First, Middle, Last)</i>	_____ <i>Date of Birth</i>	_____ <i>Person ID No.</i>
_____ <i>Child's Name (First, Middle, Last)</i>	_____ <i>Date of Birth</i>	_____ <i>Person ID No.</i>
_____ <i>Child's Name (First, Middle, Last)</i>	_____ <i>Date of Birth</i>	_____ <i>Person ID No.</i>
_____ <i>Child's Name (First, Middle, Last)</i>	_____ <i>Date of Birth</i>	_____ <i>Person ID No.</i>

Are the children placed? Yes No

DCS Specialist Information (add separate sheet if necessary)

_____ <i>DCS Specialist Name</i>	
_____ <i>Phone No.</i>	_____ <i>Email</i>

Licensing Agency Kinship Support Services Specialist Information

_____ <i>KSS Agency Specialist's Name</i>	_____ <i>KSS Contracted Agency:</i>
_____ <i>Phone No.</i>	_____ <i>Email</i>

Authorization for Kinship Support Grant Funds

Submit requests to the Kinship Specialty Unit: kinship@azdcs.gov



Requested Assistance ~ *Please explain the current need*

Please tell us the service/item that you are requesting. What are the community resources contacted for assistance prior to requesting funding from the Department? If denied or haven't reached out for assistance by a community resource please explain why. Please supply supporting documentation. Indicate any assistance already received from community resources:

Please provide detail of the two quotes received for the items/services requested:

Amount requested, date payment needed, to whom payment should be made:

Authorization for Kinship Support Grant Funds

Submit requests to the Kinship Specialty Unit: kinship@azdcs.gov



When to Request Kinship Support Grant Funds

- Kinship Support Grant Funds are used to assist kinship households to purchase items or services necessary to help overcome barriers to licensure and to maintain safety standards..
- Kinship Support Grant funds should only be requested after all community resources have been exhausted and the family has no financial means to obtain the necessary items/services.
- The kinship family, with the assistance of their kinship licensing agency should obtain 2 quotes for services or items requested.
- The Agency KSS Specialist should submit the Kinship Support Grant Funds Request for approval before notifying/ promising assistance to the kinship caregiver.

Submitting a Request for Kinship Support Grant Funds

- The Agency KSS Specialist will submit the request to the kinship specialty unit (kinship@azdcs.gov) for approval for use of the funds prior to services being initiated or items purchased.
- If the request is approved, funds are paid directly to the retailer/vendor. Approval is not guaranteed. It is dependent upon the availability of funds.
- Kinship Support Grant fund requests must be submitted a minimum two weeks in advance to allow ample time to review for approval and for payment to be authorized and dispersed.

Tracking Requests

- A shared drive folder will be created with all the kinship families requesting Kinship Support Grant funding in order to track types, quantity, and patterns of requests.
- The Agency KSS Specialist will be required to notify the kinship specialty unit once the item or service has been secured.
- The kinship specialty unit will track all denied requests for Kinship Support Grant Funds

Signatures

I certify the services listed on this funding request are being requested on behalf of the above-named kinship caregiver and will be utilized to overcome financial barriers to licensure and to maintain safety standards.

Kinship Caregiver's Name (printed)

Kinship Caregiver's Signature

Date

Agency KSS Specialist's Name (printed)

Agency KSS Specialist's Signature

Date

Authorization/Approval

DCS Kinship Specialist's Name (printed)

DCS Kinship Specialist's Signature

Date

DCS Kinship Supervisor's Name (printed)

DCS Kinship Supervisor's Signature

Date

DCS Budget Approval Name (Print)

DCS Budget Approval Signature

Date

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.