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| CSO-1028A (3-18) | ARIZONA DEPARTMENT OF CHILD SAFETY | R:\DCS_round_logo_K.jpg |
|  | **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.

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| PERMANENT GUARDIAN’S NAME *(Last, First, M.I.)*      | AREA CODE AND PHONE NO.      |
| ADDRESS *(No., Street, Apt No., City, State, ZIP)*      | EMAIL ADDRESS      |
| DATE OF BIRTH      | SOC. SEC. NO.      | ETHNICITY      | RELATIONSHIP TO CHILD[ ]  Foster parent [ ]  Relative/kin[ ]  Other:       |
| NAME OF CHILD *(Last, First, M.I.)* | DATE OF BIRTH | SOC. SEC. NO. | DATE GUARDIANSHIP | CHILDS NO. |
|       |       |       | GRANTED  |       |       |
| NAME OF CHILD *(Last, First, M.I.)* | DATE OF BIRTH | SOC. SEC. NO. | DATE GUARDIANSHIP | CHILDS NO. |
|       |       |       | GRANTED  |       |       |
| NAME OF CHILD *(Last, First, M.I.)* | DATE OF BIRTH | SOC. SEC. NO. | DATE GUARDIANSHIP | CHILDS NO. |
|       |       |       | GRANTED  |       |       |
| CHILD SAFETY SPECIALIST’S NAME      | AREA CODE AND PHONE NO.      | COUNTY      |

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

**Child 1**: [ ]  Supplemental Security Income (SSI) [ ]  Social Security death or disability benefits (SSA)

[ ]  Veteran’s benefits [ ]  Other/TANF/Cash Assistance Amount received: $

**Child 2**: [ ]  Supplemental Security Income (SSI) [ ]  Social Security death or disability benefits (SSA)

[ ]  Veteran’s benefits [ ]  Other/TANF/Cash Assistance Amount received: $

**Child 3**: [ ]  Supplemental Security Income (SSI) [ ]  Social Security death or disability benefits (SSA)

[ ]  Veteran’s benefits [ ]  Other/TANF/Cash Assistance Amount received: $

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

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| 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 SIGNATURE | DATE      |
| APPLICANT’S SIGNATURE | DATE      |
| **Send to: Guardianship Subsidy, 1818 E. Sky Harbor Circle North, Suite 100, Phoenix, AZ 85034** |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. 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 department services is available upon request. • Disponible en español en la oficina local.