

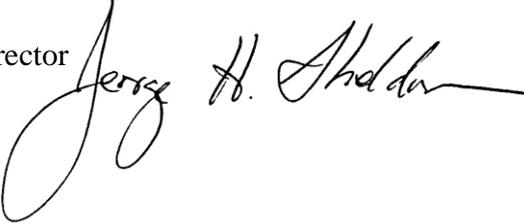
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Policy Guide 2016.09

**SECTION 302.410, SUBSIDIZED GUARDIANSHIP PROGRAM (KINGAP)
CHANGES TO THE ELIGIBILITY CRITERIA FOR THE STATE FUNDED OPTION
OF SUBSIDIZED GUARDIANSHIP**

DATE: August 24, 2016

TO: All DCFS and Private Agency Permanency Workers and Supervisors,
Adoption Coordinators and Adoption Staff

FROM: George H. Sheldon, Director 

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to inform Staff of changes to the eligibility criteria for the State funded option of Subsidized Guardianship. Children who are 12 years of age or older and placed with a licensed or unlicensed relative caregiver shall now also be eligible for the State Funded Option of Subsidized Guardianship. The manner of calculating recurring monthly subsidy payment amounts has not changed.

II. PRIMARY USERS

The primary users of this Policy Guide are POS and DCFS permanency workers and supervisors, DCFS and POS adoption workers, coordinators, their supervisors and managers.

III. SUMMARY OF CHANGES

Effective immediately the following criteria shall be used when determining eligibility for the state funded option of subsidized guardianship for children for whom the Department is legally responsible;

- A) the child is **12 years** of age or older; and
- B) the child has lived with a **licensed or unlicensed relative caregiver** or licensed non-relative for at least the 6 consecutive month period prior to the establishment of the guardianship and meets the following:
 - i) the child was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home



would be contrary to the welfare and best interest of the child; and

- ii) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the **licensed or unlicensed home of relative or** licensed non-relative home immediately prior to establishing guardianship; and
- iii) the prospective **non-relative** guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and
- iv) being returned home or adopted are not appropriate permanency options for the child; and
- v) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and
- vi) the child has been consulted and has agreed to the guardianship arrangement.

Section 302.410 shall be amended to reflect the above expanded eligibility criteria in the near future.

IV. ATTACHMENTS

CFS 1800 A-G, Subsidized Guardianship Eligibility Determination form (Rev. 8/2016).

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VI. FILING INSTRUCTIONS

File this Policy Guide immediately following, Rule 302.410, Subsidized Guardianship Program (KinGap).

State of Illinois
Department of Children and Family Services

**SUBSIDIZED GUARDIANSHIP
ELIGIBILITY DETERMINATION**

This form is to be completed by the child's assigned worker and reviewed by the supervisor.

I. Identifying Data

Name on Birth Certificate: _____ Birth date: _____
LAST FIRST MIDDLE

ID No.: _____ Race: _____ Gender: _____ S.S.#: _____

Date Child Came into Care: _____

Date of Placement with Caregiver: _____

Is the Department legally responsible for the child? Yes No

If yes, enter initial legal date ___ / ___ / ___ County of Jurisdiction _____

Docket # _____

Have parental rights been terminated? (Please check all that apply)	
Mother: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How?	Father: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How?
<input type="checkbox"/> Involuntary Termination _____ Date	<input type="checkbox"/> Involuntary Termination _____ Date
<input type="checkbox"/> Voluntary Surrender _____ Date	<input type="checkbox"/> Voluntary Surrender _____ Date
<input type="checkbox"/> Specific Consent _____ Date	<input type="checkbox"/> Specific Consent _____ Date
<input type="checkbox"/> Death _____ Date	<input type="checkbox"/> Death _____ Date

II. Subsidized Guardianship Eligibility Factors (Please check all factors that apply)

- 1) Was this child removed from his/her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and best interest of the child?
 Yes No
- 2) Was the child eligible for foster care maintenance payments while residing for at least 6 consecutive months in the home of a licensed prospective relative guardian immediately prior to the establishment of the guardianship?
 Yes No
- 3) Has the prospective relative guardian been a licensed foster parent for at least the consecutive 6 month period that the child has been in his/her home?
 Yes No
- 4) The permanency goals of return home and adoption have been ruled out for this child and documented in the case record.
 Yes No

Child's Birth Name: _____

Guardian(s) Name: _____

Date: _____

5) The child has a strong attachment to the potential guardian and the guardian has a strong commitment to the child.

Yes No

6) With respect to a child who has attained 14 years of age, the child has been consulted and the child has agreed to the guardianship arrangement.

Yes No N/A

OR

7) The child is a sibling of an eligible child who is placed with the same relative under a kinship guardianship agreement and the Department and the relative guardian agree that the placement is appropriate.

Yes No

OR

8) The child is 12 years of age or older, who has lived with a licensed or unlicensed relative caregiver or a licensed NON-RELATIVE for at least the 6 consecutive month period AND meets the following:

- a) the child was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and best interest of the child; and
- b) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the licensed or unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship; and
- c) the prospective guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and
- d) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and
- e) the child has been consulted and has agreed to the guardianship arrangement.

Yes No

9) The parent(s) has consented to the subsidized guardianship arrangement.

Yes No

10) The Department has good cause to seek a private guardian without consent and will give notice of the guardianship hearing.

Yes No

IF THE ANSWERS TO SECTION II. #s 1-5 ARE YES AND #6 IS YES OR N/A OR THE ANSWER TO #7 IS YES OR THE ANSWER TO #8 a) THROUGH e) IS YES, THE CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP or IF THE ANSWER TO 8 c) IS "NO," THE CHILD IS ELIGIBLE FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP; OTHERWISE, THE CHILD IS NOT ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP.

Child's Birth Name: _____

Guardian(s) Name: _____

Date: _____

11) **Is the child eligible for subsidized guardianship?**

Yes No

Signature of Worker Completing the Form

Agency

_____/_____/_____
Date

Print Name of Worker Completing the Form

Signature of Supervisor

Agency

_____/_____/_____
Date

Print Name of Supervisor

Signature of DCFS Adoption Supervisor/Coordinator

Region

_____/_____/_____
Date

Print Name of DCFS Adoption Supervisor/Coordinator

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