

**STATE OF DELAWARE
DIVISION OF FAMILY SERVICES
2024 ANNUAL REVIEW FOR THE GUARDIANSHIP PROGRAM**

Family Information

Guardian's Name _____
Last
First
Middle

Guardian's Name _____
Last
First
Middle

Address _____
Street

City
State
Zip Code

Telephone Number _____
Area Code
Number

Email 1: _____

Email 2: _____

Members of Household
Please list everyone in the home.

<i>NAME</i>	<i>BIRTH DATE</i>	<i>RELATIONSHIP</i>

Please notify the Division of Family Services if there is any change in the family information, for example, address or telephone number or the child is no longer in school or in the home.

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Child Information (to be filled out for each child receiving Guardianship Assistance)

Name _____
 First Middle Last Birth Date

Briefly describe your child’s achievements this past year

Briefly describe the goals you anticipate for your child this coming year

School attending _____

Current grade _____ **for school year** _____

Briefly describe current status of child

Briefly describe prognosis for next year

Other than a Guardianship payment, are you receiving a monthly payment for this child?

Check One No Yes

Source:

Circle Below

TANF (Welfare) Yes No Amount \$ _____

SSI/SSA (circle one) Yes No Amount \$ _____

Medicaid Yes No Amount \$ _____

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Financial Information

I/We understand that the amount of the monthly payment in the Guardianship Program is based upon the needs of the adopted child and the circumstance of the family.

Circumstances of Family:

Gross family earnings: \$ _____/per month

Yearly gross as reported on last tax return: \$ _____

Number of dependents: _____

Special financial situations/burdens:

This is to certify that the information provided above is true to the best of my knowledge. The child(ren) is/are in my care full time. I will notify the Division within seven days should this status change.

Guardian's Signature

Guardian's Signature

Date _____

Date _____

Please sign and date and return to:

Adoption Unit
Division of Family Services
1825 Faulkland Road
Wilmington, DE 19805