**STATE OF DELAWARE**

**DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH, AND THEIR FAMILIES**

**DIVISION OF FAMILY SERVICES**

INITIAL AGREEMENT FOR GUARDIANSHIP - 2020

This agreement is entered into between the State of Delaware, Department of Services for Children, Youth, and Their Families, Division of Family Services, hereinafter referred to as the “Agency” and

**Payee Name**

**Address**

It is agreed and understood that the Division of Family Services will pay

**$Amount**

per month for the care of

**Child Name DOB: Non IV-E Eligible**

These guardianship subsidies will begin following the date of the granting of the guardianship petition, and/or termination of foster care payments.

**This agreement is subject to annual reapplication and reevaluation**. At the time of reapplication and reevaluation, it is possible that the amount of subsidy may be adjusted. It is the responsibility of the Division of Family Services to supply the annual application forms in a timely manner.

It is the responsibility of the guardian(s) to notify the Division ***within seven (7) days*** of any change of address, telephone number, residence if the child leaves the home, or if SSI, SSA, VA or other benefits including child support, are awarded on behalf of the child, and to reapply annually for the assistance. **Guardian is to return agreement in a timely manner.**

**Medical** –

Medical benefits as provided under Title XIX of the Social Security Act (Medicaid) will be available to child(ren) **in accordance with the procedures of the state in which the children reside.** Medicaid can provide those services available under the State program that are not

INITIAL AGREEMENT FOR GUARDIANSHIP

(continued)

covered by the family Medical insurance. Medicaid can be the guardian’s primary medical insurance for the child.

**Termination** –

This Agreement will terminate upon the guardian(s) request.

The Agreement will terminate upon the child’s death.

This Agreement will terminate upon the death of the guardian(s) of the child.

This Agreement will terminate at the cessation of legal responsibility of the guardian(s) of the child.

This agreement will terminate upon the conclusion of the terms of this agreement or if the child turns 18. In individual cases it will end before the child’s 18th birthday if the child receives their high school diploma or equivalency before they turn 18.

This Agreement will terminate if the agency determines that the child(ren) is no longer receiving support from the guardian(s).

The Division of Family Services reserves the right to recoup misappropriated Guardianship Subsidy payments.

**Funding is non-transferrable**.

Guardianship subsidy will terminate when the child reaches the age of 18 or receives a high school diploma or equivalency. The Guardianship subsidy may be continued at State option until the child is 21 *if the child has a mental or physical handicap and cannot graduate or obtain a Certificate of Completion, which warrants continuation* ***that meets SSI guidelines***. **Documentation must be provided from Social Security and child’s school.**

Absent emergency circumstances, the guardians must request approval no less than 3 months prior to youth’s 18th birthday through a Board Extension request to the Adoption Assistance/Subsidy Specialist. Failure to do so will result in discontinuation of stipend/benefits.

**For youth who will not be able to graduate high school within one year after the school year in which the youth turned eighteen, the guardianship case will be closed. When the youth reaches their 18th birthday and withdraws, disrupts or is failing to make educational progress, the Division will discontinue its extended board services.**

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Signature of Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian Date

***Approved by:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adoption Manager or Designee Date

Renewal date:

Date copy sent to Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please sign, date and return to**:

Division of Family Services Adoption Unit

c/o Adoption Assistance/ Subsidy Specialist

1825 Faulkland Road

Wilmington, DE 19805