**STATE OF DELAWARE**

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

**DIVISION OF FAMILY SERVICES**

GUARDIANSHIP AGREEMENT CONTINUATION - 2021

This is a continuation of the Guardianship Agreement 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:

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

This renewal agreement will be effective pending the approval of the reapplication by the Division of Family Services.

This agreement and Medicaid coverage is subject to annual re-application. It is the responsibility of the Division of Family Services to supply the annual application forms in a timely manner.

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

It is the responsibility of the guardian(s) to notify the Division ***within seven (7) days*** of any change of address/residence, telephone number, if the child leaves the home, or if SSI, SSA, VA or other benefits including child support, are awarded on behalf of the child.

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

GUARDIANSHIP AGREEMENT CONTINUATION - 2021

**(continued)**

**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 18or receives his/her high school diploma, or equivalency.

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

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.**

\*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.

**\*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

GUARDIANSHIP AGREEMENT CONTINUATION - 2021

**(continued)**

***Approved by:***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Adoption Manager or Designee Date

Renewal date:

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

Please sign, date and return to:

Adoption Unit

c/o Adoption Assistance/ Subsidy Specialist

Division of Family Services

1825 Faulkland Road

Wilmington, DE 19805