

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? <input type="checkbox"/> Involuntary Termination _____ Date <input type="checkbox"/> Voluntary Surrender _____ Date <input type="checkbox"/> Specific Consent _____ Date <input type="checkbox"/> Death _____ Date	Father: <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How? <input type="checkbox"/> Involuntary Termination _____ Date <input type="checkbox"/> Voluntary Surrender _____ Date <input type="checkbox"/> Specific Consent _____ 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

FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP (#8 OR #9)

8) The child is 12 years of age or older, does not qualify for subsidized guardianship under KinGAP, has lived with an 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:

- a) the child received foster care maintenance payments while residing for at least 6 consecutive months in the unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship; and
- b) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the licensed non-relative home immediately prior to establishing guardianship; and
- c) 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
- d) return home or adoption are not appropriate permanency goals for the child; and
- e) 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
- f) the child has been consulted and has agreed to the guardianship arrangement.

Yes No

OR

9) The child is a younger sibling of a child eligible for the State funded option of subsidized guardianship who is placed with the same unlicensed relative or licensed non-relative as the eligible child, when DCFS and the unlicensed relative or licensed non-relative guardian agree that the placement is appropriate;

Yes No

Child's Birth Name: _____

Guardian(s) Name: _____

Date: _____

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

Yes No

11) 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 THE CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP UNDER KINGAP; OR IF THE ANSWERS TO #8 (a) THROUGH (f) OR #9 ARE YES, THE CHILD IS ELIGIBLE FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP. OTHERWISE, THE CHILD IS NOT ELIGIBLE FOR EITHER SUBSIDIZED GUARDIANSHIP PROGRAM.

12) 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