SUBSIDIZED GUARDIANSHIP APPLICATION AND AGREEMENT

Enhanced Subsidized Guardianship (E (Relative caregiver meets income require		Subsidized Guardianship (SG)	
Child's Name		Date of Birth	
RELATIVE CAREGIVER (1)	DOB	RELATIONSHIP TO CHILD	
RELATIVE CAREGIVER (2)		RELATIONSHIP TO CHILD	
OTHER HOUSEHOLD MEMBER		RELATIONSHIP TO CHILD	
Enhanced Subsidized Guardianship or Su on behalf of my relative, juvenile court. The Department of Huma	ubsidized Guardi , a nn Resource's ap with periodic	ms, Conditions and Reporting require anship payment as described herein. The nd a child whose guardianship I have agreement is granted continuagency reports. This approval	nese funds are accepted reed to accept from the availability
Signature		Relationship/Title	 Date
Signature		Relationship/Title	 Date
Witness Signature, (if Signed abo	ove with "X")	Relationship/Title	Date
Agency Approval Authority		Title	 Date

ENHANCED SUBSIDIZED GUARDIANSHIP/SUBSIDIZED GUARDIANSHIP AGREEMENT

FORM 45ESG/SG

I(V	Ve),	and		
am	n (are) com	mitted to providing a home for our relative,, a child in the		
ter	mporary leg	gal custody ofCounty Department of Family and Children Services (DFCS). In		
aco	cepting this	responsibility, I (we) knowingly enter into an agreement with DFCS regarding his/her overall health, care		
an	d well-bein	g while in my (our) home and care. It is my (our) understanding that once guardianship of the child is		
gra	anted to me	e and the department is relieved of custody, we are, hereby, agreeing to these Terms and Conditions:		
1.	I (We) ag	ree to abide with DFCS and the Juvenile Court requirements regarding this child's care.		
2.	I (we) ag	ree to provide the child with a nurturing and stable home environment.		
3.	I (We) ag	ree to protect the child from harm or maltreatment.		
4.	I (We) ag	ree to assure that his/her health, emotional, psychosocial, educational and physical needs are met.		
5.	I (We) ag	ree to provide adequate clothing, appropriate for weather conditions and the child's special needs.		
6.	I (We) ag	ree to provide for child's dietary needs including any special foods or supplements required for him/her.		
7.	I (We) ag	ree to seek and obtain mental health and /or counseling services if recommended for the child.		
8.	I (We) ag	ree to notify the agency of changes in the household circumstances which may affect the child, such as		
	a).	person(s), over age 17, moving into or out of the household,		
	b).	caregiver(s) name changes,		
	c).	change of address		
	d).	child runs away, is kidnapped or whereabouts are unknown,		
	e).	child is seriously injured, becomes critically ill, or dies,		
	f).	child is incarcerated and expected to be retained beyond his/her		
		18 th birthday,		
	g).	child marries		
	h)	child receives support or benefit payments in an amount greater than \$400.00		
	i).	DFCS CPS investigation is substantiated		
	j).	child is returned to the legal custody of the birth parent(s), or		
	k).	any circumstance causing the child to be at risk and/or no longer		
		requiring this placement and/or ERR.		
It i	s my (our)	understanding that staff fromCounty DFCS office will do the following		
(or	arrange s	ame) with the social services agency in the county/state where I (we) reside:		
1.	Send advance notification to schedule the annual review of my home.			
2.	. Complete an annual review of my home and update the relative care assessment.			
3.	Send me (us) written notification of the continuation (specifying the amount) or termination of the ESG or SG			
		s. The dates of the eligibility period will be included in the notification letter.		
4.	Provide E	SG or SG payment in the amount of \$ per day to help defray expenses for the child's care.		

FORM 45ESG/SG 2

5.	Refer me (us) to service providers who are appropriate resources for addressing identified needs of the child. (child
	care, wrap-around, etc.)
I (\	we) understand and will abide by the court's and agency's expectations that I (we) will provide our relative,
	, with a safe, protective and nurturing home environment while I(we)
hav	ve guardianship.

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