

**Permanent Custodianship Subsidy Repayment Agreement**

Case Number: \_\_\_\_\_

Child's Name:  
(First, MI, Last: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_)

Custodian's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (Street, City, State, Zip Code)

Telephone# (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Email: \_\_\_\_\_

I/We, (Permanent custodian name(s)): \_\_\_\_\_ and \_\_\_\_\_,  
voluntarily agree to repay my Permanent Custodianship Subsidy overpayment balance of  
\$ \_\_\_\_\_ to the Kansas Department for Children and Families.

I/We agree to make monthly payments of \$ \_\_\_\_\_ per month for \_\_\_\_\_ consecutive months to  
complete repayment of the debt. The first payment will be postmarked by \_\_\_\_\_. All  
remaining payments will be postmarked by either (check one):

- 1<sup>st</sup> of each month, or  
 20<sup>th</sup> of each month.

\_\_\_\_\_  
Signature of Permanent Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permanent Custodian

\_\_\_\_\_  
Date

**Make checks payable to:** Kansas Department for Children and Families (DCF)

**Mail this form with the payments to:** DCF Central Collection Unit, P.O. Box 2003, Topeka,  
KS 66601-2003

If you have questions please contact the DCF Central Collection Unit at 1-866-977-6689

**ATTENTION:** Failure to return this completed agreement with your initial payment, or  
failure to complete all payments as agreed above, will result in a breach of this agreement  
and a forfeiture of any future opportunities or agreements to prevent other collection  
action.

