

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Administration for Children, Youth and Families
GUARDIANSHIP SUBSIDY APPLICATION
(Use separate form if children are NOT siblings)

Guardianship subsidy is available in a monthly amount to a person appointed permanent guardian through the juvenile court for a child who was adjudicated dependent. It is necessary that the guardian apply for any state and federal program benefits on behalf of the child prior to submitting this application. State and federal program benefits and any other assets which the child is receiving or eligible to receive are deducted from the guardianship subsidy rate to determine the guardianship subsidy payment.

Office Use Only
Date received: _____
Rate while in care: _____
Subsidy amount: _____
DES Rep.: _____

APPLICATION DATE	CASE MANAGER'S NAME	AREA CODE AND PHONE NO.	COUNTY
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PROSPECTIVE PERMANENT GUARDIAN'S NAME <i>(Last, First, M.I.)</i>	AREA CODE AND PHONE NO.
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ADDRESS *(No., Street, Apt No., City, State, ZIP)*

BIRTHDATE	SOC. SEC. NO.	ETHNICITY	RELATIONSHIP
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1. NAME OF CHILD <i>(Last, First, M.I.)</i>	BIRTHDATE	SOC. SEC. NO.
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ETHNICITY	SEX	DATE ADJUDICATED DEPENDENT	DATE PLACED WITH GUARDIAN	CHILDS ID NO.	DATE GUARDIANSHIP GRANTED
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2. NAME OF CHILD <i>(Last, First, M.I.)</i>	BIRTHDATE	SOC. SEC. NO.
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ETHNICITY	SEX	DATE ADJUDICATED DEPENDENT	DATE PLACED WITH GUARDIAN	CHILDS ID NO.	DATE GUARDIANSHIP GRANTED
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3. NAME OF CHILD <i>(Last, First, M.I.)</i>	BIRTHDATE	SOC. SEC. NO.
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ETHNICITY	SEX	DATE ADJUDICATED DEPENDENT	DATE PLACED WITH GUARDIAN	CHILDS ID NO.	DATE GUARDIANSHIP GRANTED
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4. Have you applied for TANF (FAA) benefits on behalf of each child?

No Yes Currently receiving \$ _____

5. Indicate other state/federal programs to which you have applied on behalf of the child?

Child 1: SSI SSA VA Child Support

Child 2: SSI SSA VA Child Support

Child 3: SSI SSA VA Child Support

6. The monthly amount received for the child from the sources identified in question 5?

Child 1: \$ _____; **Child 2:** \$ _____; **Child 3:** \$ _____

7. Additional income the child receives and the source?

Child 1: \$ _____ from _____

Child 2: \$ _____ from _____

Child 3: \$ _____ from _____

APPLICANT'S SIGNATURE	DATE
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Please attach a date stamped copy of the Petition for Guardianship that was filed with the court.

Distribution: **Original** – Subsidy Program Specialist; **Copy** – Applicant

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en la oficina local.