

**GUARDIANSHIP ASSISTANCE ELIGIBILITY CHECKLIST**

<b>PART I. IDENTIFYING INFORMATION</b>				
Youth's Name	Date of Birth	Race	Sex	
_____	_____	_____	_____	
Date Youth Came into Care _____				
Date Guardianship with this Individual(s) Became the Permanent Plan _____				
<b>PART II. CITIZENSHIP OF CHILD (Select One)</b>				
<input type="checkbox"/> US Citizen/Naturalized Citizen <input type="checkbox"/> Unqualified Alien/Undocumented Alien <input type="checkbox"/> Qualified Alien ( <i>Alien Registration #</i> _____)				
<b>PART III. ELIGIBILITY REQUIREMENTS</b>			<b>Yes</b>	<b>No</b>
Youth is currently in the legal custody of a county child welfare agency; or			<input type="checkbox"/>	<input type="checkbox"/>
Youth is entering into a legal guardianship arrangement with a successor guardian named at the time of an original agreement.			<input type="checkbox"/>	<input type="checkbox"/>
The youth was removed from his or her home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the youth.			<input type="checkbox"/>	<input type="checkbox"/>
The Court has determined that reunification and adoption are not appropriate permanency options for the youth. What was the date of the finding? _____			<input type="checkbox"/>	<input type="checkbox"/>
The youth has been placed in the licensed home of the prospective guardian for a minimum of six months during which the youth has been eligible for foster care maintenance payments;			<input type="checkbox"/>	<input type="checkbox"/>
The youth is at least 14 years of age but has not reached his or her 18 <sup>th</sup> birthday and demonstrates a strong attachment to the prospective legal guardian and has been consulted regarding the guardianship arrangement; or			<input type="checkbox"/>	<input type="checkbox"/>
The youth is not yet 14 years of age but is being placed in a legal guardianship arrangement with a sibling who meets the age requirement			<input type="checkbox"/>	<input type="checkbox"/>
The prospective guardian has a strong commitment to caring permanently for the youth.			<input type="checkbox"/>	<input type="checkbox"/>
<i>All of the criteria listed above must be met in order for the youth to qualify for guardianship assistance benefits.</i>				

**GUARDIANSHIP ASSISTANCE ELIGIBILITY CHECKLIST**

<b>PART IV. ELIGIBILITY REQUIREMENTS – SUCCESSOR GUARDIAN</b>	<b>Yes</b>	<b>No</b>
The youth was previously determined to be eligible for guardianship assistance and guardianship was granted to the individual originally identified.	<input type="checkbox"/>	<input type="checkbox"/>
The originally identified guardian is deceased or incapacitated, so no longer able to provide care to the youth.	<input type="checkbox"/>	<input type="checkbox"/>
The prospective successor guardian has a strong commitment to caring permanently for the youth.	<input type="checkbox"/>	<input type="checkbox"/>
The agency has completed RIL and fingerprint-based criminal record and other necessary safety checks on the prospective successor guardian.	<input type="checkbox"/>	<input type="checkbox"/>

<b>PART V. GUARDIANSHIP ASSISTANCE BENEFITS</b>
<p>On the basis of information provided above and in supporting documents as required, the following eligibility decision has been made:</p> <p>Youth is <input type="checkbox"/> eligible to receive Guardianship Assistance benefits <input type="checkbox"/> not eligible to receive Guardianship Assistance benefits</p> <p>Benefits include the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Monthly payment</b> — Funding source for cash payment                             <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>IV-E</b> (child is IV-E eligible for foster care benefits)</li> <li><input type="checkbox"/> <b>IV-B</b> (child is eligible for State funded foster care benefits)</li> </ul> </li> <li><input type="checkbox"/> <b>Non-recurring costs associated with obtaining legal guardianship</b> (Available up to \$2,000 for any expenses not covered by the child welfare agency as part of the juvenile court process)</li> <li><input type="checkbox"/> <b>Medicaid</b> (The guardian will need to communicate with the Medicaid department to complete the necessary paperwork to verify eligibility for Medicaid)</li> <li><input type="checkbox"/> <b>Social Services</b> (The child welfare agency can provide supportive services as needed to assist in maintaining stability for the youth and family).</li> </ul>

<b>PART VI. NOTICE OF RIGHT TO APPEAL</b>	
<p>Prospective guardians may appeal the Agency's decision to deny any or all components of guardianship assistance. Information as to procedures to follow in filing an appeal may be requested from this Agency or any North Carolina county department of social services.</p>	
<p>_____</p> <p><b>Date Completed</b></p>	<p>_____</p> <p><b>Signature of Agency Representative</b></p>
<p>_____</p> <p><b>Date Guardianship Assistance Benefits were discussed with prospective guardians</b></p>	
<p><b>Signature(s) of Legal Guardian(s)</b></p>	
<p>_____</p> <p><b>Legal Guardian</b></p>	<p>_____</p> <p><b>Legal Guardian</b></p>