

Ohio Department of Job and Family Services
APPLICATION FOR KINSHIP PERMANENCY INCENTIVE

Initial Application **Re-Determination**, list PCSA of initial application _____

The "Kinship Permanency Incentive" Program (KPI) is designed to promote a permanent commitment by a kinship caregiver(s) through becoming guardians and custodians over minor children who would otherwise be unsafe or at risk of harm if they remained in their own homes. KPI provides time-limited incentive payments to families caring for their kin.

Social Security Number disclaimer

For KPI, the social security number will be used for tracking and administrative purposes such as: checking the identity of household members, preventing duplicate participation, and making mass changes easier. Providing us your social security number is voluntary and will not in any way affect your receipt of incentive funds or services.

REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

- The JFS 01501 "Application for Kinship Permanency Incentive"
- Documentation of Special Needs
- Documentation of Income that is referenced in Section II
- Copy of Adjudication - may be obtained from clerk of court that handled the case
- Legal Custodian/Guardian Documentation - may be obtained from clerk of court that handled the case
- Court document that legal custody or guardianship with the kinship caregiver is in the best interest of the child

SECTION I: KINSHIP FAMILY INFORMATION			
Name of Kinship Caregiver #1 (<i>first and last</i>)		Name of Kinship Caregiver #2 (<i>first and last</i>)	
Race/Ethnicity of Caregiver #1 <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic Origin
Race/Ethnicity of Caregiver #2 <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic Origin
Education Level of Caregiver #1 <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> College Degree	<input type="checkbox"/> Grade School <input type="checkbox"/> Technical Training	<input type="checkbox"/> Middle School <input type="checkbox"/> Some College	<input type="checkbox"/> Some High School <input type="checkbox"/> Associate Degree
Education Level of Caregiver #2 <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> College Degree	<input type="checkbox"/> Grade School <input type="checkbox"/> Technical Training	<input type="checkbox"/> Middle School <input type="checkbox"/> Some College	<input type="checkbox"/> Some High School <input type="checkbox"/> Associate Degree
Home Address, City, State, and Zip Code			Telephone Number

Household Members (including kin child):

Name (<i>First, Last</i>)	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	Sex
	Self			<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION II: FINANCIAL INFORMATION

Please enter the amount of income as reported on the most recent IRS 1040 tax return form or comparable tax return form.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc.)	Date Last Received

SECTION III: CHILD INFORMATION

Name of Child (<i>first, last and middle</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
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Race of Child White Black Asian/Pacific Islander American Indian/Alaskan Native Multi-racial
 Ethnicity Hispanic Origin

Is Family Receiving OWF-Child Only benefits for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	A Court Adjudicated the Child as <input type="checkbox"/> Abused <input type="checkbox"/> Neglected <input type="checkbox"/> Dependent <input type="checkbox"/> Unruly
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Reason child is living with kinship caregiver

Parent(s) incarcerated
 Parent(s) substance abuse and/or treatment
 Parent(s) unemployed
 Parent(s) mental health and/or treatment
 Parent(s) has a chronic illness
 Physical abuse
 Sexual abuse
 Emotional abuse
 Parent(s) death
 Child substance abuse and/or treatment
 Abandonment/Relinquishment/Dependency
 Child behavior problems
 Unruly/Delinquency
 Child's disability/Special needs
 Other _____

The child is determined special needs because

Child is in a sibling group that is placed together
 Child is a member of a minority racial or ethnic group
 Child is six year of age or older
 Child has a medical condition, physical impairment, mental retardation or developmental disability
 Child or child's biological family has a social or medical history which may place the child at risk of acquiring a medical condition, a physical, mental or developmental disability or and emotional disorder
 Child has experienced multiple placements

Was this Child ever in the Custody of a PCSA or PCPA, public or private children services agency?

Yes No If yes, what type of custody? Agency Authority Ex Parte Temporary Commitment
 Temporary Court Order Planned Permanent Living Arrangement Voluntary Agreement for Care

You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	Placement Approved <input type="checkbox"/> Yes, by whom _____ <input type="checkbox"/> No
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SECTION IV: AFFIRMATION

I affirm that the information on this application is accurate. I understand that verification of my financial situation will be required. I affirm that the financial documentation provided is true and accurate. I acknowledge that approval is contingent upon the availability of funds.

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly make a false statement when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.

I understand that if a director of a PCSA determines that I have received fraudulent assistance, as defined in 5101.83 of the Revised Code, I am ineligible to participate in the KPI program until the cost of the fraudulent assistance is repaid. If I repay the cost of the fraudulent assistance and otherwise meet the eligibility requirements for the KPI program, I shall not be denied the opportunity to participate in the program.

Signature of Kinship Caregiver(s)

Signature of Kinship Caregiver(s)

Please return this application and all required documentation to your local PCSA at the following address:

Name of PCSA _____

Attention _____

Address _____

City, State, Zip _____

PCSA Office Use Only

- documentation of the child's special needs
- verification from a court that legal custody or guardianship has been granted as of 1/1/06
- updated financial information – what was used to verify information _____
- written verification from the court that it adjudicated the child as abused, neglected, dependent or unruly
- verification of approved placement (JFS form 01447 or comparable form)
- court document that legal custody or guardianship with the kinship caregiver is in the best interest of the child

Date Application Received _____

Application Status

- approved (JFS 01503 sent out)
- denied (JFS 01504 sent out)
- incomplete (JFS 01502 sent out)

PCSA Representative Signature/Date: _____