



October 13, 2022

Family, Children and Adult Services Manual Transmittal Letter No. 506

To: Family, Children and Adult Services Manual Holders

From: Matt Damschroder, Director

Subject: **State Kinship Guardianship Assistance Program Rules**

In accordance with Ohio Revised Code section 5153.163, Ohio Administrative Code (OAC) rules have been developed for the state Kinship Guardianship Assistance Program (KGAP). This will be a hybrid program administered by the public children services agencies (PCSA) and the Ohio Department of Job and Family Services (ODJFS). This letter transmits seven OAC rules in Chapter 5101:2-56, along with four new forms, that will be effective 01/01/2023. The following is a brief explanation of the rules:

OAC 5101:2-56-01 entitled **Administration of the State Kinship Guardianship Assistance Program (KGAP)** provides an overview of the program and details who is responsible for administration of the program. It provides an overview of the responsibilities of ODJFS including negotiation of the monthly state KGAP amount.

OAC 5101:2-56-02 entitled **Eligibility for State Kinship Guardianship Assistance Program (KGAP)** details the eligibility requirements of the state KGAP program. This includes the requirements that must be met by the kinship caregiver applying for the state KGAP program and the requirements related to the child.

OAC 5101:2-56-03 entitled **Public Children Services Agency (PCSA) Eligibility Determination of the State Kinship Guardianship Assistance Program (KGAP)** identifies the responsibilities of the PCSA and ODJFS. It details how they will coordinate to administer the program including timelines for determining eligibility by the PCSA and the activities that follow a review of the eligibility criteria.

OAC 5101:2-56-04 entitled **Requirements for State Kinship Guardianship Assistance Program (KGAP) Past Age Eighteen** details the requirements of the caregiver and ODJFS should a child receiving state KGAP have a documented physical/mental disability or medical condition that would allow the payments to continue beyond age eighteen.

OAC 5101:2-56-05 entitled **Reimbursement of Nonrecurring State Kinship Guardianship Assistance Program (KGAP) Expenses** defines nonrecurring expenses. It also outlines the responsibilities of ODJFS including making kinship caregivers aware of the availability of funds.

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OAC 5101:2-56-06 entitled **Termination of State Kinship Guardianship Assistance Program (KGAP) Payments** provides guidance regarding the termination process including reasons to terminate and the process for termination.

OAC 5101:2-56-07 entitled **State Kinship Guardianship Assistance Program (KGAP) Record Requirements** details the documents that must be kept in the case record.

JFS 00126 “State Kinship Guardianship Assistance Program (KGAP) Notice of Adverse Action” This form is completed for denial of the application or termination of the state KGAP payments.

JFS 00128 “Application for State Kinship Guardianship Assistance Program Payments” This form is completed for each child who is placed in the certified foster home of a kinship caregiver(s) who applies for a state KGAP subsidy.

JFS 00129 “State Kinship Guardianship Assistance Program Agreement” This form is used to enter into a legal agreement between ODJFS, the PCSA, and the kinship caregiver(s) for kinship guardianship assistance payments.

JFS 00129-I “Instructions for Completing JFS 00129 State Kinship Guardianship Assistance Program (KGAP) Agreement” This form provides instructions for completing the “State Kinship Guardianship Assistance Program Agreement.”

INSTRUCTIONS: The following chart indicates the material that should be removed from the Family, Children and Adult Services Manual (FCASM) and the materials that are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
Management and Administration		OAC 5101:2-56-01
		OAC 5101:2-56-02
		OAC 5101:2-56-03
		OAC 5101:2-56-04
		OAC 5101:2-56-05
		OAC 5101:2-56-06
		OAC 5101:2-56-07
Forms		JFS 00126
		JFS 00128
		JFS 00129
		JFS 00129-I
Transmittal Letters		FCASMTL No. 506

5101:2-56-01**Administration of the state kinship guardianship assistance program (KGAP).**

- (A) The state kinship guardianship assistance program (KGAP) provides financial payments to eligible kinship caregivers who have been granted legal custody or guardianship of a child that was previously in the custody of a public children services agency (PCSA). The Ohio department of job and family services (ODJFS) and the PCSA are to coordinate to administer the program pursuant to section 5153.163 of the Revised Code. ODJFS is to provide payments to the extent funds are appropriated and allocated for this purpose.
- (B) The PCSA is to provide the JFS 00128 "Application for State Kinship Guardianship Assistance Program (KGAP) Payments" to any kinship caregiver(s) upon request and determine eligibility as outlined in rule 5101:2-56-03 of the Administrative Code.
- (C) Kinship caregiver(s) as defined in rule 5101:2-1-01 of the Administrative Code includes any individual who meets one of the following:
- (1) An individual who had an existing relationship with the child or the child's family that is similar to a familial relationship prior to the child's placement into substitute care; or
 - (2) An individual who is a member of a child's current foster family that does not wish to pursue adoption of the child but a court has made a finding pursuant to sections 2151.4119 and 2151.4120 of the Revised Code that the child's current foster family has a kin relationship with the child.
- (D) The PCSA that had custody of a child immediately prior to a court granting legal custody or guardianship of the child to a kinship caregiver of is authorized to enter into a state kinship guardianship assistance agreement with that kinship caregiver.
- (E) The monthly amount of the state KGAP payment is determined by negotiation and mutual agreement between the kinship caregiver(s) and ODJFS. State KGAP payments are to be negotiated as follows:
- (1) The state KGAP payment for a child is to be eighty per cent of the child's current foster care per diem unless this would result in a state KGAP payment of less than three hundred-fifty dollars.
 - (2) For any child for whom the requirement in paragraph (F)(1) of this rule would result in a state KGAP payment of less than three hundred fifty dollars, the state KGAP payment is to be three hundred fifty dollars or the child's current foster care per diem amount, whichever is lower.

- (3) ODJFS and the kinship caregiver(s) can mutually agree to a lower payment.
- (F) The child's supplemental security income (SSI) benefits are to be considered along with the kinship caregiver(s) resources in the negotiation and determination of the state KGAP payment amount.
- (G) The kinship caregiver(s) is to notify the social security administration if the child receives SSI benefits. The child may receive state KGAP and SSI concurrently if the child receives SSI. If there is concurrent receipt of payments from both programs, the social security administration will decrease the monthly SSI benefit by the monthly state KGAP payment amount.
- (H) If ODJFS and the kinship caregiver(s) cannot mutually agree on the monthly state KGAP payment amount after thirty days from the initial negotiation meeting, ODJFS is to notify the kinship caregiver(s) of their rights to a state hearing in accordance with provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.
- (I) If an overpayment or an underpayment of a state KGAP payment occurs, ODJFS is to take immediate action to correct either situation as soon as information is received.
- (1) An underpayment occurs when one of the following circumstances exist:
- (a) The kinship caregiver(s) of a state KGAP child does not receive a payment they are entitled to according to the current agreement.
 - (b) The kinship caregiver(s) of a state KGAP child receives a payment less than the amount they are entitled to according to the current agreement.
- (2) An overpayment occurs when a kinship caregiver(s) receives a payment amount they are not entitled to because of the following reasons.
- (a) The payment was made in excess of the agreed upon amount.
 - (b) The child for whom a state KGAP payment was made was not eligible for such payment the month the payment was made.
- (J) ODJFS is responsible for reviewing payment records for state KGAP cases to determine if an overpayment has occurred. If an overpayment has occurred, ODJFS is to:
- (1) Adjust the overpayment in Ohio SACWIS. Adjustment of the payment is to be effective on the first day of the month following the month in which the change occurred.

- (2) Provide notification to the kinship caregiver(s) when an overpayment is found and identify what action ODJFS proposes to take with regard to the payment.
 - (3) Send notification to the kinship caregiver(s) of the right to request a state hearing in accordance with the provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.
- (K) A review of the kinship caregiver's agreement may be requested by the successor guardian named in the state KGAP agreement in the event of the death or incapacitation of the kinship caregiver(s). The successor guardian and ODJFS will enter into a new JFS 00129 "State Kinship Guardianship Assistance Program Agreement" to reflect the change in guardian if the criteria in this rule are met. ODJFS is to ensure the following prior to payment:
 - (1) Verification of the primary successor legal guardian named in the kinship caregiver(s) JFS 00129 or in any amendments to the agreement. The successor guardian named cannot be the parent of the child.
 - (2) Termination date of the kinship caregiver(s) JFS 00129 pursuant to rule 5101:2-56-06 of the Administrative Code.
 - (3) Completion of background checks for the primary successor legal guardian and all adult household members in accordance with rules 5101:2-5-20, 5101:2-5-24, 5101:2-5-30 and 5101:2-5-09.1 of the Administrative Code. The PCSA in the county in which the successor guardian resides is to assist in completing the required background checks. If the successor guardian resides out of state, the PCSA that previously held custody of the child is to assist.
 - (4) If residing in another state, ODJFS is to ensure the kinship caregiver(s) has complied with the background check requirements of that state.
 - (5) Signed JFS 00129 between the primary successor legal guardian and ODJFS.
 - (6) The successor guardian is granted legal custody or guardianship.
- (L) ODJFS is to approve state KGAP funding for eligible caregivers as long as state funds are available. In the event state funding is no longer available, the state KGAP program will close to new applications until July first of the following state fiscal year (SFY). Once state funds have been exhausted, neither ODJFS nor the PCSA may be held responsible for payment.

Effective: 1/1/2023

Five Year Review (FYR) Dates: 01/01/2028

CERTIFIED ELECTRONICALLY

Certification

10/11/2022

Date

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Statutory Authority: 5153.163, 5101.1417
Rule Amplifies: 5153.163, 5153.16

5101:2-56-02**Eligibility for state kinship guardianship assistance program (KGAP).**

(A) The public children services agency (PCSA) is to use the following criteria to determine eligibility for the state kinship guardianship assistance program (KGAP):

- (1) The kinship caregiver(s) has completed the JFS 00128 "Application for State Kinship Guardianship Assistance Program Payments."
- (2) The kinship caregiver(s) has obtained foster home certification in accordance with Chapters 5101:2-5 and 5101:2-7 of the Administrative Code. The kinship caregiver(s) has maintained their certification until the court granted custody or legal guardianship of the child.
- (3) A determination has been made that the child is not eligible for the federal kinship guardianship assistance program.
- (4) The child has been placed in the kinship caregiver's home through voluntary placement agreement or as a result of a judicial determination that continuation in the removal home would be contrary to the welfare of the child.
- (5) The child has resided in the kinship caregiver's home for six consecutive months as a foster care placement during the most recent custody episode.
- (6) The child has a special need. The child is a child with a special need if the removal parent was unable to reunify with the child.
- (7) The case plan for the child is to be in accordance with rule 5101:2-38-05.2 of the Administrative Code.

(B) In addition to the criteria listed in paragraph (A) of this rule, the PCSA has determined the following:

- (1) That reunification or adoption are not appropriate permanency options.
- (2) The child has a strong attachment to the kinship caregiver and the kinship caregiver has a strong commitment to permanency for the child.
- (3) The JFS 00129 "State Kinship Guardianship Assistance Program Agreement" was signed by the kinship caregiver(s) prior to the legal custody or guardianship judgement.
- (4) The youth aged fourteen and older was consulted regarding the kinship guardianship arrangement.

- (5) The kinship caregiver has named a successor guardian. The successor guardian named in a completed JFS 00129 cannot be the parent of the child.
- (C) An applicant is eligible for payments under the state KGAP program if all the requirements in paragraphs (A) and (B) of this rule are met.
- (D) Any sibling of a child in receipt of state KGAP payments who is placed with the same relative is eligible to receive state KGAP payments under a kinship guardianship arrangement if the PCSA determines this as an appropriate placement.
- (E) The PCSA is to make copies of its policy regarding state kinship guardianship assistance program eligibility available to kinship caregiver(s) applicants and the public upon request in accordance with section 5153.163 of the Revised Code.

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5101:2-56-03**Public children services agency (PCSA) eligibility determination of the state kinship guardianship assistance program (KGAP).**

- (A) The PCSA is to determine eligibility and coordinate with the Ohio department of job and family services (ODJFS) to complete all procedures related to the administration of the state kinship guardianship assistance program. The PCSA is to:
- (1) Determine the child's eligibility status within thirty days of a request by the kinship caregiver to apply for state kinship guardianship assistance payments. The PCSA will determine eligibility using the criteria outlined in rule 5101:2-56-02 of the Administrative Code.
 - (2) Provide the JFS 00128 "Application for State Kinship Guardianship Assistance Program Payments" to any kinship caregiver(s) upon request.
- (B) The PCSA is to inform ODJFS that the applicant(s) are eligible for state KGAP.
- (C) ODJFS will complete the negotiation process with the kinship caregiver(s) including the completion of the JFS 00129 "State Kinship Guardianship Assistance Program Agreement." A completed agreement will name a successor guardian. The successor guardian cannot be the parent in accordance with section 42 U.S.C. 673(d)(3)(C) effective September 29, 2014. Once the JFS 00129 is completed, ODJFS is to sign the form, obtain the signature of the kinship caregiver(s) and send the documents to the PCSA director or designee for signatures.
- (D) ODJFS is to obtain the signature(s) of the kinship caregiver(s) and the PCSA director or designee pursuant to section 5153.163 of the Revised Code prior to the court issuing an order granting legal custody or guardianship to the kinship caregiver(s).
- (E) The PCSA is to ensure the JFS 00129 has been completed with all needed signatures prior to the court issuing a final order granting legal custody or guardianship to the applicant.
- (F) The PCSA is to establish and maintain policy and procedures governing its state kinship guardianship assistance program eligibility process in accordance with section 5153.163 of the Revised Code and Chapter 5101:2-56 of the Administrative Code.
- (G) The PCSA is to document, in the PCSA's policy, a description of the opportunity for a state hearing pursuant to section 5101.35 of the Revised Code and Chapter 5101:6 of the Administrative Code.

- (H) The PCSA is to file a motion for legal custody or guardianship to be granted to the kinship caregiver(s) named in the approved application once the agreement date is entered into Ohio statewide automated child welfare information system (SACWIS).
- (I) The PCSA is to ensure legal status change entry into Ohio SACWIS within ten days from the receipt of the journalized court order granting the kinship caregiver(s) legal custody or guardianship.
- (J) The PCSA is to provide a copy of the court order to ODJFS.
- (K) Upon the kinship caregiver(s) being granted legal custody or guardianship, they are to apply for Ohio works first (OWF) cash assistance within thirty days of the court date in which the kinship caregiver(s) are granted legal custody or guardianship. The kinship caregiver(s) may also apply for medicaid. If the kinship caregiver(s) do not apply for OWF cash assistance within sixty days of the court date, the agreement may be terminated. The following applies to kinship caregivers who reside out of state:

 - (1) The kinship caregiver is to apply for cash assistance or the equivalent of OWF in the state where they reside within thirty days of the court date in which the kinship caregiver(s) are granted legal custody or guardianship.
 - (2) If the kinship caregiver(s) do not apply for cash assistance within sixty days of the court date, the agreement may be terminated.
 - (3) ODJFS will continue to be responsible for the case management of the state KGAP case.
- (L) ODJFS is to approve state KGAP funding for eligible caregiver(s) as long as state funds are available. In the event state funding is no longer available, the state KGAP program will close to new applications until July first of the following state fiscal year (SFY). Once state funds have been exhausted, neither ODJFS nor the PCSA may be held responsible for payment.

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5101:2-56-04

Requirements for state kinship guardianship assistance program (KGAP) past age eighteen.

- (A) State KGAP is available for an eligible child whose kinship caregiver(s) enter into an initial state KGAP agreement prior to the age of eighteen or older beyond the end of the school year during which the child attains the age of eighteen.
- (B) State KGAP is available for a child with a physical/mental disability or medical condition who is between the age of eighteen and twenty-one with an existing state KGAP agreement if the child meets one of the requirements identified in paragraphs (B)(1) to (B)(5) of this rule and the kinship caregiver(s) is supporting the child. The ongoing medical treatment of the physical/mental disability or medical condition is to be verified for continued eligibility by a culturally competent qualified professional in the professional's scope of practice. The child is considered to have a physical/mental disability or medical condition if any of the following apply:
- (1) A designated social security administration claims representative has determined that the child meets the disability criteria and is therefore eligible for one of the following:
- (a) Title XVI supplemental security income (SSI) benefits.
 - (b) Social security disability benefits.
 - (c) Social security benefits due to the death or disability of the biological parent(s).
- (2) The child has been diagnosed by a culturally competent qualified professional in the professional's scope of practice who is not responsible for providing public casework services to the child. For the purpose of this rule, a qualified professional is an individual who is the following: an audiologist, orthopedist, physician, certified nurse practitioner, physician assistant, psychiatrist, psychologist, school psychologist, licensed marriage and family therapist, speech and language pathologist, a licensed independent social worker, licensed professional clinical counselor, a licensed social worker who is under the direct supervision of a licensed independent social worker or a licensed professional counselor who is under the direct supervision of a licensed professional clinical counselor.
- (3) The kinship caregiver is to provide the Ohio department job and family services (ODJFS) with a clear written statement from a qualified professional that the child is substantially limited in one or more major life activities, including self-care and the overall capacity for self-sufficiency/meeting the ordinary demands of life. This statement is to include an opinion as to the origin of the problem.

past history, prognosis, and recommendations related to potential treatment needs. The child's documented disability is the direct result of one of the following:

- (a) A developmental disability, as defined in 28 C.F.R. 35.108 [August 11, 2016] and section 5123.01 of the Revised Code.
 - (b) A medical condition causing permanent distress, pain, dysfunction, or social problems diagnosed by a qualified professional that results in ongoing medical treatment. The medical condition is to be diagnosed prior to legal custody/guardianship or can be attributable to factors or conditions in the child's or birth family's history that existed prior to legal custody/guardianship.
 - (c) Mental illness, as defined in section 5122.01 of the Revised Code.
- (4) The child is participating in one of the following rehabilitation programs or a program equivalent in the state where the child resides:
- (a) Vocational rehabilitation, as evidenced by the implementation of an individual plan of employment (IPE), administered by the bureau of vocational rehabilitation through opportunities for Ohioans with disabilities.
 - (b) Services for the visually impaired, as evidenced by the implementation of an IPE, administered by the bureau of services for the visually impaired through the opportunities for Ohioans with disabilities.
- (5) The child is in the process of obtaining a secondary education and meets the eligibility criteria for a child with a disability receiving special education and related services from the Ohio department of education (ODE), local education agency or school district or a program equivalent in the state where the child resides. The kinship caregiver(s) is responsible for providing official documentation from the school that the child is attending and participating in special education services.
- (6) The child is eligible for services administered through the department of developmental disabilities (DODD), as evidenced by the implementation of an individual service plan (ISP).
- (C) A clear statement documenting the child's physical/mental disability or medical condition is to be accompanied by an assessment, evaluation, or update within the last twelve months from the qualified professional including an opinion as to the prognosis and recommendations for future treatment needs.

(D) If the kinship caregiver(s) requests to continue the state KGAP payment beyond age eighteen due to any of the requirements identified in paragraph (B) of this rule, ODJFS is to do one of the following:

(1) Amend the state KGAP agreement to begin the state KGAP monthly payment based on the date of eligibility for any of the programs identified in paragraph (B)(1) of this rule.

(2) Notify the kinship caregiver(s) of the intent to amend the JFS 00129 "State Kinship Guardianship Assistance Program (KGAP) Agreement" to a state KGAP agreement with no payment pending the approval of any program outlined in paragraph (B) of this rule and provide the kinship caregiver(s) with notification of state hearing rights.

(3) Notify the kinship caregiver(s) of the intent to terminate the state KGAP agreement, at age eighteen, if eligibility is denied based on any of the requirements identified in paragraph (B) of this rule.

(a) If the kinship caregiver(s) requested a state hearing within fifteen days of the date the termination notice was issued then ODJFS continues the state KGAP until the hearing decision has been rendered.

(b) If the kinship caregiver(s) has not requested a state hearing within fifteen days of the date the termination notice was issued, ODJFS is to terminate the state KGAP agreement.

(E) It is the responsibility of the kinship caregiver(s) to provide ODJFS with documentation that application has been made for any services the child needs in paragraph (B) of this rule.

(F) ODJFS is to advise the kinship caregiver(s) of all necessary documentation that is to be submitted to continue a state KGAP agreement.

(G) For cases in which the year and month the child was born can be established, but not the exact day, the first of the month is used as the child's birth date.

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5101:2-56-05**Reimbursement of nonrecurring state kinship guardianship assistance program (KGAP) expenses.**

(A) The following definitions are applicable to this rule and supersede any definition contained in rule 5101:2-1-01 of the Administrative Code.

(1) "Nonrecurring State KGAP expenses" are reasonable and necessary legal custody/guardianship fees, court costs, attorney fees, and in accordance with paragraph (A)(2) of this rule, other expenses directly related to the court issuing an order granting legal custody/guardianship of a child. These expenses cannot be incurred in violation of state or federal law and cannot be reimbursed from other sources or funds.

(2) "Nonrecurring other expenses directly related to the legal custody/guardianship of a child" as specified in paragraph (A)(1) of this rule refers to the costs of the court issuing an order granting legal custody/guardianship incurred by or on behalf of the kinship caregiver(s) and for which the kinship caregiver(s) carries the ultimate liability for payment. These are the total cost of nonrecurring expenses associated with obtaining legal guardianship of the child.

(B) The Ohio department of job and family services (ODJFS) is to notify anyone inquiring about legal custody/guardianship services through the agency of the availability of funds for the reimbursement of nonrecurring KGAP expenses and the application process.

(C) ODJFS is to enter into an agreement with the kinship caregiver(s) of a child for the payment of nonrecurring state KGAP expenses for which the kinship caregiver(s) has not otherwise been reimbursed, not to exceed two thousand dollars for each child.

(D) ODJFS is to inform a kinship caregiver(s) who inquires about legal custody/guardianship services through the agency that the JFS 00134 "Application for Reimbursement of Nonrecurring State Kinship Guardianship Assistance Program (KGAP) Expenses" is to be submitted to ODJFS and approved prior to the court issuing an order granting legal custody/guardianship. The JFS 00134 cannot be considered for approval retroactively.

(E) The kinship caregiver(s) and ODJFS are to sign the JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement," prior to the court issuing an order granting legal custody/guardianship or disruption prior to the court issuing an order granting legal custody/guardianship, if applicable. The JFS 00135 cannot be entered into after the court has issued an order granting legal custody/guardianship.

- (F) ODJFS is not to consider the race, color, religion, sex, age, disability, or national origin of a kinship caregiver(s) or of the child, when entering into a JFS 00135.
- (G) If siblings are placed with the state KGAP eligible child, either separately or together, each child is to be treated as an individual. A separate JFS 00134 and JFS 00135 is to be executed for each child.
- (H) ODJFS is not to apply an income eligibility requirement (means test) to the kinship caregiver(s) in determining whether payment or reimbursement for nonrecurring state KGAP expenses are to be made.
- (I) The kinship caregiver(s) is to submit to ODJFS a request for payment or reimbursement and proof of the expenditures for nonrecurring expenses incurred during the legal custody/guardianship process within two years of the court issuing an order granting legal custody/guardianship or disruption prior to the court issuing an order granting legal custody/guardianship, if applicable.
- (J) For each JFS 00135 executed, ODJFS is to maintain documentation in the child's case record to verify compliance with this rule.
- (K) The state hearing policies and procedures contained in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code apply to individuals applying for benefits under this rule.

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5101:2-56-06**Termination of the state kinship guardianship assistance program (KGAP) payments.**

(A) The Ohio department of job and family services (ODJFS) is to terminate the state kinship guardianship assistance program (KGAP) if any of the following circumstances occur:

- (1) The kinship caregiver(s) fail to apply for Ohio works first (OWF) cash assistance within sixty days of the journal entry granting the kinship caregiver legal custody or guardianship.
- (2) The death of the child or the kinship caregiver.
- (3) The kinship caregiver(s) are no longer financially supporting the child.
- (4) The child reaches the age of eighteen. If the child is enrolled in school, payment will terminate at the end of the school year in which the child turns eighteen years of age.
- (5) The terms of the state kinship guardianship assistance agreement have been fulfilled.
- (6) The kinship caregiver requests termination.
- (7) The successor guardian named in the kinship caregiver's JFS 00129 "State Kinship Guardianship Assistance Program Agreement" request to enter into a new agreement due to the death or incapacitation of the kinship caregiver pursuant to rule 5101:2-56-01 of the Administrative Code.
- (8) The child enlists in the military. For the purpose of this rule, enlistment in the military is defined as the date of report for active duty.
- (9) The child marries.

(B) ODJFS is to send notification of the termination using the JFS 00126 "State Kinship Guardianship Assistance Program (KGAP) Notice of Adverse Action" and the JFS 04065 "Prior Notice of the Right to a State Hearing" at least fifteen days prior to the effective date of the termination and include the reason for the termination and an explanation of the right to a state hearing pursuant to section 5101.35 of the Revised Code and Chapters 5101:6 through 5101:6-9 of the Administrative Code.

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5101:2-56-07**State kinship guardianship assistance program record (KGAP) requirements.**

- (A) The Ohio department of job and family services (ODJFS) is to maintain a state kinship guardianship assistance program (KGAP) case record that is available upon request.
- (B) The case record is to contain documentation which supports the public children services agencies' (PCSA) actions in determining eligibility for state KGAP. The case record is to include the following information, when applicable:
- (1) A copy of the signed JFS 00128 "Application For State Kinship Guardianship Assistance Program (KGAP) Payments," even if the kinship caregiver(s) declines.
 - (2) A copy of the signed JFS 00129 "State Kinship Guardianship Assistance Program (KGAP) Agreement" and amendments.
 - (3) A copy of the state KGAP eligibility determination in the Ohio statewide automated child welfare information system (SACWIS).
 - (4) A copy of the journalized court order granting the kinship caregiver(s) legal custody or guardianship.
 - (5) A copy of the JFS 00134 "Application for Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expenses" and the JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement."
 - (6) A copy of the JFS 00126 "State Kinship Guardianship Assistance Program (KGAP) Notice Of Adverse Action."
 - (7) A copy of all state hearing, administrative appeal and judicial review documentation.
 - (8) A copy of the interstate compact and KGAP medical assistance forms.
- (C) For state KGAP applications received from a kinship caregiver(s) who resides out of state, the case record is to include a copy of forms which contain, at a minimum, the information required by the JFS 00128 "State Kinship Guardianship Assistance Program (KGAP) Application" or equivalent.
- (D) The state KGAP record is to be retained in Ohio SACWIS.

Effective: 1/1/2023

Five Year Review (FYR) Dates: 01/01/2028

CERTIFIED ELECTRONICALLY

Certification

10/11/2022

Date

Promulgated Under: 119.03
Statutory Authority: 5153.163, 5101.1417
Rule Amplifies: 5153.163, 5153.16

Ohio Department of Job and Family Services
INSTRUCTIONS FOR COMPLETING JFS 00129
STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP) AGREEMENT
(The JFS 00129 is used to establish state Kinship Guardianship Assistance Program payment)

SECTION I: STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM

Initial Agreement: First agreement between the kinship caregiver, PCSA, and ODJFS.

Amendment: Any amendment to the initial agreement.

Nonrecurring Agreement: If the kinship caregiver applies for reimbursement of nonrecurring expenses.

Name of Public Children Services Agency (PCSA): Enter the name of the PCSA that currently holds custody of the child.

Name of Kinship Caregiver(s): Enter the first and last name of the kinship caregiver(s)

Name of Child: Enter the first and last name of the child.

Child's Date of Birth: Enter the month, day and year in which the child was born.

Address: Enter the street address, city, state and zip code of the kinship caregiver(s) and child.

SECTION II: SUCCESSOR GUARDIAN

This section names a successor guardian who may be named in an amendment should the kinship caregiver become unable to provide care for the child named in this agreement. The successor guardian cannot be the parent. This form may also be used to amend the agreement.

SECTION III: AMOUNT AND DURATION OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM PAYMENTS

This section outlines the effective date, amount, and duration of the State Kinship Guardianship Assistance Program (KGAP) agreement as agreed upon by ODJFS and the kinship caregiver(s).

SECTION IV: RESPONSIBILITIES OF KINSHIP CAREGIVER(S)

This section outlines the responsibilities of the kinship caregiver(s) upon acceptance of the KGAP.

SECTION V: GENERAL PROVISIONS OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM PAYMENTS

This section outlines the major general provisions of the state KGAP program.

SECTION VI: TERMINATION OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM PAYMENTS

This section outlines the circumstances that will cause termination of the state KGAP agreement.

SECTION VII: RIGHT TO A STATE HEARING

This section informs you of your right to request a state hearing if you do not agree with the decision made to the agreement.

SECTION VIII: SIGNATURES

This section is signed by the kinship caregiver(s), the PCSA director or designee, and an Ohio Department of Job and Family Services authorized representative and constitutes a mutual agreement of effective date, amount, and duration of the state KGAP.

Ohio Department of Job and Family Services
STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM AGREEMENT
(This form is used to establish State Kinship Guardianship Assistance Program payments)

SECTION I: STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM AGREEMENT

☐ Initial Agreement

☐ Amendment

☐ Family has an approved Nonrecurring Agreement per rule OAC 5101:2-56-05 (*please attach JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement."*)

The following State Kinship Guardianship Assistance Program (KGAP) agreement has been entered into by the Ohio Department of Job and Family Services, the PCSA listed below, hereinafter called "agency," and the kinship caregiver(s) listed below, hereinafter called the "kinship caregiver(s)."

Public Children Services Agency (PCSA)

Name of Kinship caregiver

Name of Kinship caregiver

Child's Name

Child's Date of Birth

Kinship Caregiver's Street Address City, State and Zip Code

Telephone Number

SECTION II: SUCCESSOR GUARDIAN

Name of Successor Guardian: (*first and last*)

Name of Successor Guardian: (*first and last*)

Successor Guardian's Street Address, City, State and Zip Code

Telephone Number:

SECTION III: AMOUNT AND DURATION OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM AGREEMENT

A monthly cash payment will be paid to you in the amount of \$ _____ per month for the period beginning _____ and ending _____. This monthly cash payment will be made on behalf of your child to help meet the costs of food, shelter, clothing and routine medical and dental care.

As outlined in rule 5101:2-56-01 of the Administrative Code, the state KGAP payment amount shall be agreed upon between the Ohio Department of Job and Family Services and the kinship caregiver(s).

The subsidy may be reduced or terminated in the event of judicial, executive or legislative action reducing the appropriation, or suspending or terminating the authority of the agency to continue the state KGAP.

SECTION IV: RESPONSIBILITIES OF KINSHIP CAREGIVER(S)

1. Cooperate with the agency and/or ODJFS in fulfillment of all requirements of the state KGAP program.
2. The kinship caregiver will apply for Ohio Works First (OWF) cash assistance within thirty days of the date in which the court grants the kinship caregiver(s) legal custody or guardianship of the child.
3. Responsibly administer state KGAP funds received on behalf of your child.
4. Immediately notify the agency, in writing, when any of the following apply:
 - a. You are no longer responsible for the support of your child or are no longer supporting your child
 - b. There is a substantial change in your child's needs
 - c. There is a change of address for the family
 - d. The successor guardian named in your agreement is no longer able to fulfill the responsibilities.
5. You may provide a written request at any time to terminate the subsidy payment.

SECTION V: GENERAL PROVISIONS OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM

1. The child must be in the custody of a PCSA or private child placing agency (PCPA).
2. The child cannot be reunified, and adoption is not a permanency option.
3. The initial state KGAP approval must be issued prior to the legal custody or guardianship judgement.
4. The approval and continuation of state KGAP is contingent upon the availability of funds.
5. State KGAP continues if the kinship caregiver(s) and child move to another county, state or country provided all eligibility requirements are still met.
6. The subsidy will also be redetermined prior to any substantial amendment of the terms and conditions of this approval.
7. At any time, the kinship caregiver(s) may request, in writing, a redetermination of state KGAP. No oral modifications shall have effect.
8. ODJFS shall respond to any written request for redetermination of state KGAP within thirty days of the request.
9. ODJFS shall provide the kinship caregiver with information concerning their right to a state hearing when the kinship caregiver does not agree with the action the agency has taken regarding the state KGAP.
10. The successor guardian is subject to completion of background checks in accordance with rules 5101:2-5-20, 5101:2-5-24, 5101:2-5-30 and 5101:2-5-09.1 of the Administrative Code.

SECTION VI: TERMINATION OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM

The state KGAP subsidy shall be terminated if any of the following circumstances occur:

1. The kinship caregiver fails to apply for OWF cash assistance within sixty days of the date in which the court grants the kinship caregiver(s) legal custody or guardianship of the child.
2. The death of the child or kinship caregiver.
3. The kinship caregiver is no longer financially supporting the child. Financially supporting means providing the child with shelter, food and clothing or child support.
4. The child reaches the age of eighteen. If the child is enrolled in school, payments will terminate at the end of the school year in which the child turns eighteen years of age.
5. The kinship caregiver(s) requests termination.
6. The child enlists in the military.
7. The terms of the JFS 00129 have been fulfilled.
8. The successor guardian named in the kinship caregiver's JFS 00129 "State Kinship Guardianship Assistance Program Agreement" request to enter into a new agreement due to the death or incapacitation of the kinship caregiver pursuant to rule 5101:2-56-01 of the Administrative Code.
9. The child marries.

SECTION VII: RIGHT TO A STATE HEARING

You have a right to a state hearing before the Ohio Department of Job and Family Services if you disagree with any actions taken regarding this agreement. For a complete explanation of your hearing rights and the hearing process, please read the JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to you along with this form.

SECTION VIII: SIGNATURES

Kinship caregiver's Signature	Date
Kinship caregiver's Signature	Date
Agency Director or Designee Approval	Date
ODJFS Representative Signature	Date

Ohio Department of Job and Family Services
STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP) NOTICE OF ADVERSE ACTION

Name of Kinship caregiver(s)	Name of Kinship caregiver(s)	Mailing Date
Street Address	City, State, and Zip Code	
Child's Name	Child's Date of Birth (mm/dd/yyyy)	

This is a notice of denial **or** termination from the state Kinship Guardianship Assistance Program (KGAP). Please review this notice carefully as it outlines the reason(s) for this decision. You have until _____ to request a state hearing. **For termination**, if a state hearing is requested within fifteen days of the mailing date on the notice in accordance with provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code, state KGAP is to continue until a state hearing decision is issued.

Date of Termination:
Reasons for Termination:
<input type="checkbox"/> The kinship caregiver failed to apply for Ohio Works First (OWF) cash assistance within sixty days of the court date in which the court granted the kinship caregiver(s) legal custody or guardianship of the child.
<input type="checkbox"/> The school year in which the child turned eighteen years of age has ended.
<input type="checkbox"/> The terms of the JFS 00129 "State Kinship Guardianship Assistance Program Agreement" have been fulfilled.
<input type="checkbox"/> The kinship caregiver(s) request termination of state KGAP benefits.
<input type="checkbox"/> The death of the child or kinship caregiver(s).
<input type="checkbox"/> A new agreement is established with the successor guardian upon the kinship caregiver(s) death or incapacitation.
<input type="checkbox"/> The kinship caregiver(s) are no longer financially supporting the child.
<input type="checkbox"/> The child enlists in the military. (Enlistment in the military is defined as the date of report for active duty.)
<input type="checkbox"/> The child marries.

Date of Denial:
Reasons for Denial:
<input type="checkbox"/> The JFS 00128 "Application for State Kinship Guardianship Assistance Program Payments is incomplete.
<input type="checkbox"/> The child has not resided in the kinship caregiver's home for six consecutive months as a foster care placement.
<input type="checkbox"/> The case plan requirements have not been met in accordance with rule 5101:2-38-05.2 of the Administrative Code.
<input type="checkbox"/> The kinship caregiver(s) have not named a successor guardian.
<input type="checkbox"/> The JFS 00129 "State Kinship Guardianship Assistance Program Agreement" was not signed by the kinship caregiver(s) prior to court issuing an order of legal custody or guardianship.

If you have questions regarding this decision, you may contact:

Name of State KGAP Representative	Date	Email
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Kinship Caregiver(s') name	Child's name	Mailing Date
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Your Right to a State Hearing

This notice tells you what we are doing on your case. Contact your worker if you do not understand this notice. We can explain it. We also may be able to change what we are doing. IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING

You can ask for a state hearing if you disagree with the Ohio Department of Job and Family Services' (ODJFS) action or think that ODJFS may have made a mistake. If you want a hearing, ODJFS must receive your request 90 days from the date this notice was mailed to you. If the 90th day falls on a holiday or weekend, the deadline will be the next working day.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. The agency will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed "authorized representative" notice.

Sign Here	Date	Telephone Number ()
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Step 2: Fill out the information, as it applies to your situation.

- ☐ I want to do my hearing by telephone. Phone Number _____
- ☐ I need an interpreter at my state hearing. Language _____
- ☐ I am not available for a hearing on: _____
(Please note: ODJFS may not be able to give you the preferred date.)
- ☐ I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative")

Name	Telephone Number ()
Address	Fax ()
City, State, Zip	Email

Step 3: ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

Please only submit your hearing request one time. Return all the pages of this notice.

- Electronically:** Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.ifs.ohio.gov/SHARE>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov); or
- Email:** Email the ODJFS Bureau of State Hearings at bsh@ifs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or
- Phone:** Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
- Fax:** Fax all pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or
- Mail:** Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.
- Contact KGAP:** It is better to send this request using one of the other methods above. However, you may give this page (completed and signed) to your state KGAP representative. Or, you may phone the State KGAP representative listed above and mention this notice.

Ohio Department of Job and Family Services
APPLICATION FOR STATE KINSHIP GUARDIAN ASSISTANCE PROGRAM PAYMENTS

PURPOSE

The purpose of the Application for State Kinship Guardian Assistance Program Payments (JFS 00128) is to allow kinship families who have legal custody or guardianship of a child that was previously placed in their home as a foster child to apply for financial assistance.

SECTION I: AGENCY INFORMATION

Name of Public Children Services Agency	Date of Application
Agency Street Address, City, State and Zip Code	Telephone Number
Name of Custodial Agency <i>(If different than above)</i>	Contact Person
Agency Street Address, City, State and Zip Code	Telephone Number

SECTION II: KINSHIP CAREGIVER(S)

Name of Kinship Caregiver: <i>(first and last)</i>	Name of Kinship Caregiver: <i>(first and last)</i>
Kinship Family Street Address, City, State and Zip Code	Telephone Number
Email address:	County:

SECTION III: KINSHIP CHILD

Child's Name: <i>(first and last)</i>	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race of Kinship Child <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Bi-racial <input type="checkbox"/> White/Caucasian		
Ethnicity of Kinship Child <input type="checkbox"/> Hispanic/Latino		
Date of Foster Care Placement		

SECTION IV: HEALTH INSURANCE

If the child is or will be covered by health, accident, or hospital insurance, complete the following:		
Policy Holder	Policy Number	
Name of Insurance Company	Effective Date	
Benefits to be paid	<input type="checkbox"/> Hospital <input type="checkbox"/> Doctor	<input type="checkbox"/> Person Insured

SECTION V: ELIGIBILITY CRITERIA

<i>Agency use only</i> <input type="checkbox"/> The child is not eligible for the federal kinship guardian assistance program. <input type="checkbox"/> The child resided in the applicant's home for six consecutive months as a foster care placement. <input type="checkbox"/> Reunification and adoption are not appropriate permanency options. <input type="checkbox"/> The child has demonstrated a strong attachment to the applicant. <input type="checkbox"/> If the child is fourteen or older, they were consulted regarding the kinship guardianship agreement. <input type="checkbox"/> There is a pending court hearing where a determination will be made concerning legal custody or guardianship. Date of court hearing .

SECTION VI: YOUR RIGHT TO A STATE HEARING

Upon receipt of your state adoption application packet, the agency will make a determination for a State Kinship Guardian Assistance Program payment.

If, after the agency's determination, you do not agree with the action, you have a right to a state hearing, form JFS 04059.

For a complete explanation of your hearing rights and the hearing process, please read "Explanation of State Hearing Procedures, A copy of the JFS 04059 should be given to you along with this application form.

SECTION VII: KINSHIP CAREGIVER(S) SIGNATURE

I affirm that the information given in 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. I understand that I must apply for Ohio Works First cash assistance to receive state KGAP payments.

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

Signature of Kinship Caregiver	Date
Signature of Kinship Caregiver	Date

Instructions for Completing the JFS 0XXXX " State Kinship Guardian Assistance Program Payments "

SECTION I: Agency Information

Name of Public Children Services Agency (PCSA), Address, and Telephone Number: Enter the agency name, address, telephone number, and agency contact person.

Name of Custodial Agency (If different than above): Enter the name of the agency which has permanent custody of the child.

Address, Contact Person, and Telephone Number: Enter the custodial agency's address, contact person, and telephone number.

SECTION II: Kinship Caregiver(s)

Name of Kinship Caregiver: Enter the first and last name of the kinship Caregiver.

Name of Kinship Caregiver: Enter the first and last name of the kinship Caregiver.

Kinship Family Address and Telephone Number Enter the kinship family's address and telephone number.

Email Address: Email address of the applicant.

County: County of residence of the applicant.

SECTION III: Kinship Child

Child's Kinship Name: Enter the first and last kinship name of the kinship child.

Date of Birth: Enter the kinship child's date of birth.

Sex: Enter the kinship child's gender.

Race of Kinship Child: Check the applicable box.

Ethnicity of Kinship Child: Check this box if the kinship child is of Hispanic/Latino descent

Date of Actual or Anticipated Kinship Placement: List the date the kinship child has been/will be placed in your home for kinship placement.

SECTION IV: Health Insurance

Policy Holder: Enter name of policy holder.

Policy Number: Enter policy number.

Name of Insurance Company: Enter name of insurance company.

Effective Date: Enter date that child is eligible for coverage.

Benefits to be paid: Check boxes for which child is eligible for coverage.

If you need to apply for Medicaid for this child, please complete the Application For Cash, Food, Or Medical Assistance (JFS 7200) and check all the all the benefit boxes.

SECTION V: Eligibility Criteria (for agency use only)

Confirm that child meets all the eligibility requirements. This would include documentation of relationship with caregiver and required documentation within the case plan.

SECTION VI: Your Right to a State Hearing

This section informs you of your right to request a state hearing if you do not agree with the decision made by the agency.

SECTION VII: Kinship Caregiver(s) Signature

This is a written statement which confirms the information given in this application is accurate and acknowledges you are aware that you will be required to provide verification of your financial situation.

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