



October 12, 2022

**Family, Children and Adult Services Manual Transmittal Letter No. 507**

**TO:** Family, Children and Adult Services Manual Holders

**FROM:** Matt Damschroder, Director

**SUBJECT:** **Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) rules 5101:2-55-01, 5101:2-55-02 and 5101:2-55-03 of the Administrative Code. Forms JFS 00137, JFS 00138, JFS 00139, JFS 00140, JFS 00141, JFS 00142, JFS 00143 and JFS 00144**

In accordance with section 5101.1411 of the Revised Code, the following Administrative Code rules have been written to outline the requirements for the Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) program. Kinship guardianship young adults who are age 18 may be able to continue kinship guardianship assistance payments to age 21. The KGAP C21 program provides kinship guardianship assistance payments on behalf of the kinship guardianship young adults that were in the temporary, permanent, or planned permanent living arrangement custody of an Ohio public children services agency (PCSA), prior to being committed to the legal custody or guardianship of a kinship caregiver. The kinship caregiver young adult must have had a kinship guardianship assistance agreement finalized after attaining the age of 16 or 17 but prior to age 18 and must meet one of the eligibility requirements pursuant to rule 5101:2-55-02(A)(3) of the Administrative Code. The rules were reviewed and will become effective on January 1, 2023.

OAC 5101:2-55-01 "**Administration of Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21)**" provides guidelines for the administration of the KGAP C21 program.

OAC 5101:2-55-02 "**Eligibility for Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21)**" outlines requirements that the kinship caregiver(s) must assure they continue to provide caregiver responsibility for the kinship guardianship young adult, the kinship guardianship young adult also assures ongoing kinship caregiver support, and the kinship guardianship young adult meets one of the five eligibility criteria.

OAC 5101:2-55-03 "**Payments for Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21)**" outlines the payment process for the KGAP C21 program.

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JFS 00137 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Application**" will be sent to all kinship caregivers of children who entered into a kinship guardianship assistance agreement after age 16 or 17.

JFS 00138 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Eligibility Approval**" will be sent to kinship caregiver(s) upon approval of a KGAP C21 application and include the proposed KGAP C21 subsidy amount to begin negotiation.

JFS 00139 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Agreement**" is the agreement between a KGAP C21 representative and the kinship caregiver(s).

JFS 00140 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Redetermination**" will be sent to kinship caregiver(s) and young adult to provide 30-day notification of semiannual redetermination due date.

JFS 00141 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage**" shall be completed by the kinship guardianship young adult semi-annually to assure the young adult is meeting eligibility requirements and the kinship caregiver(s) maintains caregiver responsibility.

JFS 00142 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid coverage**" shall be completed by the kinship caregiver(s) semi-annually to assure the kinship caregiver(s) maintains caregiver responsibility.

JFS 00143 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Termination**" will be sent to kinship caregiver(s) and young adult to provide 30-day notification of termination of KGAP C21 benefits.

JFS 00144 "**Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Continued Approval**" will be sent to kinship caregiver(s) and young adult upon continued approval of KGAP C21 benefits at semi-annual redetermination.

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

<b>LOCATION</b>	<b>REMOVE AND FILE AS OBSOLETE</b>	<b>INSERT/REPLACEMENT</b>
MANAGEMENT AND ADMINISTRATION		5101:2-55-01
		5101:2-55-02
		5101:2-55-03
FORMS		JFS 00137
		JFS 00138
		JFS 00139
		JFS 00140
		JFS 00141
		JFS 00142
		JFS 00143
		JFS 00144
TRANSMITTAL LETTERS		FCASMTL No.507

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This institution is an equal opportunity provider and employer.

5101:2-55-01Administration of kinship guardianship assistance program connections to twenty-one (KGAP C21).

(A) For purposes of this program, in accordance with section 5101.1411 of the Revised Code, a kinship guardianship young adult is defined as a person that:

- (1) Was in the temporary, permanent, or planned permanent living arrangement custody of an Ohio public children services agency (PCSA) prior to being committed to the legal custody or guardianship of a kinship caregiver as defined in rule 5101:2-1-01 of the Administrative Code, at the age of sixteen or seventeen;
- (2) Attained the age of sixteen or seventeen before the Title IV-E kinship guardianship assistance agreement became effective; and
- (3) Meets one of the eligibility requirements pursuant to paragraph (A)(3) of rule 5101:2-55-02 of the Administrative Code.

(B) ODJFS is responsible for ensuring the proper administration of funds both allocated and reimbursed.

- (1) In accordance with 473(a)(1)(B)(ii) and 473(a)(3) of the Social Security Act, ODJFS is not to add any language to the JFS 00139 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Agreement" that makes the agreement subject to the availability of state funds.
- (2) ODJFS is responsible for the full non-federal share of KGAP C21 funds.

(C) ODJFS is to be responsible for:

- (1) Determining initial and semi-annual eligibility, approval, denial, and termination for KGAP C21 pursuant to rule 5101:2-55-02 of the Administrative Code.
- (2) Maintaining a separate KGAP C21 case record for each program eligible kinship guardianship young adult for whom ODJFS has entered into a JFS 00139.
- (3) Service planning to include:
  - (a) KGAP C21 case management including initial and ongoing eligibility determination of all applications and redeterminations, approval and termination of subsidy payments, and referral for medicaid coverage provided by the Ohio department of medicaid, as applicable.
  - (b) Referral for kinship guardianship supportive services.

- (D) ODJFS is to provide the kinship caregiver(s) of a kinship guardianship young adult with a JFS 00137 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Application" and the JFS 04059 "Explanation of State Hearing Procedures."
- (E) The kinship caregiver(s) is to submit the JFS 00137 and verification of eligibility to ODJFS.
- (F) ODJFS is to enter into a JFS 00139 with the kinship caregiver(s) of an eligible kinship guardianship young adult.
- (G) For a kinship guardianship young adult with a JFS 00139 in effect who moves out-of-state or resides out-of-state, ODJFS is to follow the interstate compact on adoption and medical assistance (ICAMA) rule 5101:2-44-05.2 of the Administrative Code. ODJFS may ask the children services agency (CSA) in the other state to document the present situation of the kinship caregiver(s) and to assist the kinship caregiver(s) in completing all mandatory forms.
- (H) The JFS 00139 remains in effect even though the kinship caregiver(s) and the kinship guardianship young adult move to another county, state, or country. The responsibility for management of the KGAP C21 case remains with ODJFS as the agency that entered into the JFS 00139 prior to the move.
- (I) In accordance with section 473(d)(3)(C) of the Social Security Act a successor guardian may be named. The successor guardian cannot be the parent of the kinship guardianship young adult. A new JFS 00139 with a successor guardian will be entered into if all of the following are met:
- (1) The kinship caregiver(s) dies or becomes incapacitated.
  - (2) There is a successor guardian(s) named in the JFS00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement."
  - (3) The successor guardian(s) obtains legal guardianship through probate court.
  - (4) The successor guardian(s) completes a JFS 00137.
  - (5) The successor guardian(s) and all adults residing in the home complete and pass criminal background checks in accordance with rules 5101:2-46-05 and 5101:2-5-09.1 of the Administrative Code. The kinship guardianship young adult is excluded from this requirement.

- (6) The kinship guardianship young adult continues to meet one of the eligibility requirements pursuant to paragraph (A)(3) of rule 5101:2-55-02 of the Administrative Code.
- (7) The successor guardian provides documented proof of continued kinship caregiver support as required by paragraph (B)(2) of rule 5101:2-55-02 of the Administrative Code.
- (J) If the kinship caregiver(s) and the kinship guardianship young adult for whom an Ohio-executed JFS 00139 is in effect reside in or move to another state, the kinship guardianship young adult will be provided Title XIX (medicaid) and Title XX (social service block grant) services by the state in which the kinship guardianship young adult resides. If any of the Title XX services specified in the JFS 00139 are not available in the state where the kinship guardianship young adult resides, ODJFS is to be responsible for securing those services.

  - (1) The kinship guardianship young adult will be provided with Title XX services, as specified in the JFS 00139 by the county where the kinship guardianship young adult resides.
  - (2) Nothing is to prevent the kinship caregiver(s) of a kinship guardianship young adult for whom a JFS 0139 is in effect from seeking Title XX services available in the Title XX social service plan in the county of residence, even if the services are not already specified in the JFS 00139. The kinship caregiver(s) may:

    - (a) Apply for the Title XX services in the county where the kinship caregiver(s) resides.
    - (b) Seek to amend the kinship guardianship young adults JFS 00139.
- (K) The case record is to include the following information, when applicable:

  - (1) ODJFS's actions in determining eligibility for KGAP C21.
  - (2) A copy of signed JFS 00137 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Application" form(s).
  - (3) A copy of signed JFS 00139 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Agreement" form(s).
  - (4) A copy of kinship caregiver responsibility eligibility documentation.
  - (5) A copy of the ODM 6612 "Health Insurance Information Sheet."

- (6) A copy of state hearing, administrative appeal, and judicial review filings.
- (7) A copy of the interstate compact and adoption medical assistance forms.
- (8) Documentation verifying completion of all mandatory kinship caregiver criminal record checks obtained by the PCSA prior to initiation of kinship guardianship custodian payments pursuant to rule 5101:2-5-09.1 of the Administrative Code.
- (9) A copy of kinship guardianship young adult eligibility documentation of education, employment, programs to remove barriers to employment, or verification of disability.
- (10) A copy of the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" in effect with the PCSA at the time of kinship guardianship placement of the kinship guardianship young adult.
- (11) A copy of JFS 00142 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage" form(s).
- (12) A copy of JFS 00141 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage" form(s).
- (13) A copy of JFS 07334 "Notice of Denial of Your Application for Assistance" form(s).
- (14) A copy of JFS 00138 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Eligibility Approval" form(s).
- (15) A copy of JFS 00140 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Redetermination" form(s).
- (16) A copy of JFS 00144 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Continued Approval" form(s).
- (17) A copy of JFS 00143 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Termination" form(s).

(L) The KGAP C21 case record is to be retained in the Ohio statewide automated child welfare information system (SACWIS).



Effective: 1/1/2023

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

CERTIFIED ELECTRONICALLY

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Certification

10/11/2022

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Date

Promulgated Under: 119.03

Statutory Authority: 5101.1417

Rule Amplifies: 5101.141, 5101.1411, 5101.1416, 5101.1417

5101:2-55-02**Eligibility for kinship guardianship assistance program connections to twenty-one (KGAP C21).**

(A) Pursuant to sections 5101.141 and 5101.1411 of the Revised Code, to be eligible for kinship guardianship assistance program connections to twenty-one (KGAP C21), a kinship guardianship young adult is to meet all of the following requirements:

- (1) Was in the temporary, permanent, or planned permanent living arrangement custody of an Ohio public children services agency (PCSA) prior to the commitment described in paragraph (A)(2) of this rule.
- (2) Was committed to the legal custody or legal guardianship of a kinship caregiver at the age of sixteen or seventeen and attained the age of sixteen before a Title IV-E kinship guardianship assistance agreement became effective.
- (3) Meets one of the following requirements:
  - (a) Is completing secondary education or a program leading to an equivalent credential;
  - (b) Is enrolled in an institution that provides post-secondary or vocational education;
  - (c) Is participating in a program or activity designed to promote or remove barriers to employment;
  - (d) Is employed for at least eighty hours per month; or
  - (e) Is incapable of doing any of the activities described in paragraphs (A)(3)(a) to (A)(3)(d) of this rule due to a diagnosed physical or mental health condition, which incapacity is supported by updated information semi-annually.
- (4) Has reached the age of eighteen and is not yet twenty-one years of age.
- (5) Is continuing to receive kinship caregiver support including but not limited to providing the young adult with shelter, food, or clothing. Residing in the same physical location is not required.
- (6) Is not enlisted in the military. Enlisted in the military is defined as the date of report for active duty.
- (7) Is not married.

(B) The kinship caregiver(s) may apply for KGAP C21 by submitting all of the following to ODJFS:

(1) A completed JFS 00137 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Application."

(2) Documentation that the kinship guardianship young adult meets one of the eligibility requirements outlined in paragraph (A)(3) of this rule.

(3) Documentation of kinship caregiver responsibility.

(4) A copy of the signed JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" with the PCSA.

(C) ODJFS, within thirty calendar days after a completed JFS 00137 and all necessary documentation is received, is to determine eligibility in the Ohio statewide automated child welfare information system (SACWIS) and approve or deny the KGAP C21 application.

(D) As the Title IV-E agency, ODJFS is to obtain documentation verifying completion of all kinship caregiver(s) criminal record checks secured by the PCSA prior to initiation of kinship guardianship assistance payments pursuant to rule 5101:2-5-09.1 of the Administrative Code.

(E) If ODJFS determines a kinship guardianship young adult is eligible for KGAP C21, ODJFS is to provide the kinship caregiver(s) with the following:

(1) The JFS 00138 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Eligibility Approval" form.

(2) The JFS 04059 "Explanation of State Hearing Procedures."

(F) Upon determination of eligibility, ODJFS will send the JFS 00139 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Agreement" to the kinship caregiver(s) for signature. The KGAP C21 agreement is effective on the date it is signed by both the kinship caregiver(s) and ODJFS, unless a later date is indicated for the subsidy to begin as designated on the KGAP C21 agreement form "Article IX Effective Date," which will then become the effective date of the KGAP C21 agreement.

(G) The KGAP C21 agreement is binding on all parties. The terms of the KGAP C21 agreement may be amended at any time if both parties agree to the change.

- (H) The KGAP C21 agreement is to remain in effect regardless of the state where the kinship caregiver(s) or the kinship guardianship young adult resides unless the KGAP C21 agreement is terminated.
- (I) ODJFS is to give a copy of the signed KGAP C21 agreement and all amendments to the kinship caregiver(s) and keep the originals in the KGAP C21 case record.
- (J) ODJFS, as the agency that entered into the KGAP C21 agreement, is to secure Title XIX medicaid and Title XX social services block grant services if the services are not available in the state or county where the kinship guardianship young adult resides in accordance with rule 5101:2-55-01 of the Administrative Code.
- (K) Nothing will prohibit the kinship caregiver(s) and kinship guardianship young adult from seeking Title XX services available in the county of residence even if they are not specified in the KGAP C21 agreement. The kinship caregiver(s) may:
- (1) Apply for the Title XX services in the county where they reside.
  - (2) Request to amend the KGAP C21 agreement.
- (L) If ODJFS determines a kinship guardianship young adult does not meet eligibility requirements outlined in paragraph (A) of this rule, ODJFS is to provide the kinship caregiver(s) with the following:
- (1) The JFS 07334 "Notice of Denial of your Application for Assistance."
  - (2) The JFS 04059 "Explanation of State Hearing Procedures."
- (M) Semiannual redetermination is to be completed every one hundred eighty calendar days to maintain program eligibility for KGAP C21. The semiannual redetermination date is determined by the initial KGAP C21 effective date.
- (N) No later than thirty calendar days prior to the semiannual redetermination due date, ODJFS is to provide the kinship caregiver(s) with the following forms:
- (1) The JFS 00140 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Redetermination."
  - (2) The JFS 00142 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage."

- (3) The JFS 00141 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage."
  
- (O) Completed JFS 00142 and JFS 00141 forms, documentation that the kinship guardianship young adult meets one of the eligibility requirements outlined in paragraph (A)(3) of this rule, and documentation of kinship caregiver responsibility are to be received prior to the semiannual redetermination due date. Upon receipt of the required forms and documentation listed in this paragraph, ODJFS will check for continued eligibility as follows:
  - (1) If redetermined as eligible, ODJFS is to provide the kinship caregiver(s) with the following:
    - (a) The JFS 00144 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Continued Approval" form.
    - (b) The JFS 04059 "Explanation of State Hearing Procedures."
  - (2) If redetermined as ineligible, or if documentation is not received by the redetermination due date, ODJFS is to provide the kinship caregiver(s) with written notice of the proposal to terminate KGAP C21 and the right to a state hearing. ODJFS is to provide the kinship caregiver(s) with the following thirty calendar days prior to the termination date:
    - (a) The JFS 00143 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Termination" form.
    - (b) The JFS 04059 "Explanation of State Hearing Procedures."
  - (3) If sufficient documentation to support eligibility is received by ODJFS from the kinship caregiver(s) and/or kinship guardianship young adult prior to the termination date, ODJFS may proceed with semiannual redetermination of continued eligibility for KGAP C21.
  
- (P) The kinship caregiver(s) and the kinship guardianship young adult are to submit the JFS 00142 and JFS 00141 semiannually and whenever there is a significant change in the kinship guardianship situation for continued eligibility.
  
- (Q) At any time a JFS 00139 is in effect, the JFS 00139 may be amended.

- (1) The kinship caregiver(s) and ODJFS may by mutual agreement amend the JFS 00139 to reflect changes for payment amount or provision of services. Upon agreement, the following is to occur:

  - (a) ODJFS and the kinship caregiver(s) are to sign the amended KGAP C21 agreement.
  - (b) ODJFS is to provide a copy of the amended KGAP C21 agreement to the kinship caregiver(s) and retain the original in the case record.
  - (c) ODJFS is to provide the kinship caregiver(s) with the JFS 04059.
- (2) If the kinship caregiver(s) and ODJFS cannot agree on the amendment requested by the kinship caregiver(s) or ODJFS, the following is to occur:

  - (a) ODJFS is to provide the kinship caregiver(s) with a JFS 07334, and a JFS 04059 explaining the right to request a state hearing.
- (R) The kinship caregiver(s) is to notify ODJFS within fifteen calendar days of the date of any of the following:

  - (1) The kinship guardianship young adult's primary health care insurance coverage changes from medicaid to private health care insurance. The kinship caregiver(s) is to complete an ODM 06612 "Health Insurance Information Sheet" as a result of this change.
  - (2) The kinship caregiver(s) or kinship guardianship young adult relocates.
  - (3) The kinship guardianship young adult enlists in the military.
  - (4) The kinship guardianship young adult has married.
  - (5) The kinship caregiver(s) no longer has caregiver responsibility for the kinship guardianship young adult.
  - (6) The kinship guardianship young adult is no longer eligible pursuant to paragraph (A) of this rule.
- (S) The KGAP C21 agreement will terminate when any of the following circumstances apply:

  - (1) At the end of the month of the kinship guardianship young adult's twenty-first birthday.

(2) If the kinship caregiver(s) no longer has caregiver responsibility for the kinship guardianship young adult as defined in paragraph (A)(5) of this rule.

(3) If the kinship caregiver(s) requests to terminate the KGAP C21 agreement.

(4) If the kinship caregiver(s) dies and there is no successor guardian(s) named on the KGAP C21 agreement.

(5) If the kinship guardianship young adult dies.

(6) If the kinship guardianship young adult marries.

(7) If the kinship guardianship young adult enlists in the military.

(T) ODJFS will propose to terminate the KGAP C21 agreement under any of the following circumstances:

(1) ODJFS denies eligibility for KGAP C21 at semiannual redetermination.

(2) ODJFS denies the amount of monthly payment requested by the kinship caregiver(s).

(3) ODJFS proposes to terminate the payment specified on the current KGAP C21 agreement.

(4) ODJFS denies a request by the kinship caregiver(s) to amend the payment amount or provision of service terms of the current KGAP C21 agreement.

(U) If ODJFS proposes to terminate the KGAP C21 agreement due to any of the circumstances listed in paragraph (S) or (T) of this rule, ODJFS is to provide the following to the kinship caregiver(s) thirty calendar days prior to the termination date:

(1) The JFS 00143 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Termination" form.

(2) The JFS 04059 "Explanation of State Hearing Procedures."

(V) If ODJFS proposes to terminate the KGAP C21 agreement, and the kinship caregiver(s) has requested a state hearing, the following is to apply:

(1) If a state hearing is requested within fifteen calendar days of the mail or electronic mailing date on the notice in accordance with provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code, the KGAP C21 agreement is to continue to be in effect until a state hearing decision is issued.

(2) If a state hearing is requested within fifteen calendar days of the mail or electronic mailing date on the notice and the hearing decision is favorable to the kinship caregiver(s), the KGAP C21 agreement is to remain in effect or an amended KGAP C21 agreement may be entered into by mutual agreement.

(3) If a state hearing is requested within fifteen calendar days of the mail or electronic mailing date on the notice and the hearing decision is to terminate the KGAP C21 agreement as specified in paragraph (S) or (T) of this rule, the kinship caregiver(s) is not required to return the payments received prior to the issuance of the state hearing decision.

(4) If no timely hearing is requested, the KGAP C21 agreement is to be terminated. Following the termination, the kinship caregiver(s) may reapply for KGAP C21 at any time prior to the kinship/guardianship young adult attaining the age of twenty-one.

(W) If the KGAP C21 agreement is terminated, ODJFS is to:

(1) Send the JFS 00143 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Notice of Termination" form to the kinship caregiver(s).

(2) Send the ODM 07236 "Your Rights & Responsibilities as a Consumer of Medicaid Health Coverage" to the kinship caregiver(s).



Effective: 1/1/2023

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

CERTIFIED ELECTRONICALLY

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Certification

10/11/2022

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Date

Promulgated Under: 119.03

Statutory Authority: 5101.1417

Rule Amplifies: 5101.141, 5101.1411, 5101.1416, 5101.1417

5101:2-55-03**Payments for kinship guardianship assistance program connections to twenty-one (KGAP C21).**

- (A) The maximum amount of the monthly kinship guardianship assistance program connections to twenty-one (KGAP C21) payment is to be equal to or less than the kinship guardianship assistance program (KGAP) payment that was provided to the kinship caregiver at the time of the young adult being committed to their legal custody or guardianship, unless the Ohio department of job and family services (ODJFS) and the family agree to negotiate a lower monthly rate.
- (B) If the kinship/guardianship young adult receives supplemental social security income (SSI) benefits, the kinship/guardianship young adult may receive KGAP C21 and SSI concurrently. If there is concurrent receipt of payments from both programs, the social security administration will decrease the monthly SSI benefit by the monthly KGAP C21 payment amount. It is the responsibility of the kinship/guardianship custodian(s) to advise the social security administration that the kinship/guardianship young adult is in receipt of KGAP C21 funds.
- (C) If ODJFS and the kinship caregiver(s) cannot mutually agree on the monthly KGAP C21 payment amount after negotiating for at least thirty days, ODJFS is to provide the kinship caregiver(s) with the following:
- (1) A written notice which is to contain a clear and understandable statement that all parties were not in agreement and the right to a state hearing.
  - (2) The JFS 04059 "Explanation of State Hearing Procedures."

Effective: 1/1/2023

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

CERTIFIED ELECTRONICALLY

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Certification

10/11/2022

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Date

Promulgated Under: 119.03

Statutory Authority: 5101.1417

Rule Amplifies: 5101.141, 5101.1411, 5101.1416, 5101.1417

## TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) APPLICATION

Ohio Administrative Code Chapter 5101:2-55 requires that an application be completed for each child/young adult for whom kinship guardianship assistance is requested. Note: If kinship guardianship assistance program connections to twenty-one (KGAP C21) is provided on behalf of a kinship guardianship young adult who is receiving SSI, it is the responsibility of the kinship caregiver(s) to advise the social security administration. This application must be completed by the kinship caregiver(s).

SECTION I: KINSHIP CAREGIVER(S) INFORMATION		
Name of Kinship Caregiver ( <i>first and last</i> )	Name of Kinship Caregiver ( <i>first and last</i> )	Phone Number
Address		
City, State, Zip		
Email Address		
Name of agency that you currently have a Kinship Guardianship Assistance Program (KGAP) Agreement with:		
Was the kinship young adult legally placed at age 16 or 17?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Are you legally responsible for the kinship young adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Does the kinship young adult reside in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Is the kinship young adult enlisted in the military services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Is the kinship young adult married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Provide a detailed explanation, if applicable, to answers listed above.		
SECTION II: KINSHIP GUARDIANSHIP YOUNG ADULT'S INFORMATION		
Name of Kinship Guardianship Young Adult ( <i>First, Middle, Last</i> )	Date of Birth ( <i>mm/dd/yyyy</i> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
Identify the KGAP C21 requirements the kinship guardianship young adult meets:		
<input type="checkbox"/> Is completing secondary education or a program leading to an equivalent credential. <input type="checkbox"/> Is enrolled in an institution that provides post-secondary or vocational education. <input type="checkbox"/> Is participating in a program or activity designed to promote or remove barriers to employment. <input type="checkbox"/> Is employed for at least eighty hours per month. <input type="checkbox"/> Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.		
<p><b><i>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent employment payment stub, letter from job training program verifying participation, written verification from a qualified professional verifying that the kinship guardianship young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</i></b></p>		
SECTION III: HEALTH INSURANCE		
If the kinship guardianship young adult is or will be covered by health, accident, or hospital insurance, complete the following:		
Policy Holder	Policy Number	
Name of Insurance Company	Effective Date ( <i>mm/dd/yyyy</i> )	
Benefits to be paid		
<input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured		

Identify any limitations/riders affecting the coverage for the kinship guardianship young adult.

**SECTION IV: KINSHIP CAREGIVER SIGNATURE**

Kinship Caregiver's Signature	Date (mm/dd/yyyy)	Kinship Caregiver's Signature	Date (mm/dd/yyyy)
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**SECTION V: FOR AGENCY COMPLETION**

- Does the kinship young adult meet one of the KGAP C21 requirements?  Yes  No
- Was the kinship young adult legally placed at age 16 or 17 and have a KGAP agreement?  Yes  No
- Is the kinship caregiver(s) legally and financially responsible for the kinship young adult?  Yes  No

Provide a detailed explanation regarding any "No" responses to the above questions.

- The KGAP C21 Application is pending. Explain:
- The KGAP C21 Application is approved.
- The KGAP C21 Application is denied. Explain:

Printed Name of Eligibility Determiner

Signature of Eligibility Determiner

Date (mm/dd/yyyy)

**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF ELIGIBILITY APPROVAL**

Name of Applicant(s)/Kinship Caregiver(s)		Mailing Date <i>(mm/dd/yyyy)</i>
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth <i>(mm/dd/yyyy)</i>	

It has been determined that you are eligible for the Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) program based on a completed application and submission of all required documentation that was received on .

This approval is issued pursuant to 5101:2-55-02 of the Ohio Administrative Code.

The next step in the KGAP C21 subsidy process will be to complete a Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Agreement, which is form JFS 00139.

Per 5101:2-55-02 of the Ohio Administrative Code, a KGAP C21 Agreement for subsidy is not effective until the kinship caregiver(s) and the Ohio Department of Job and Family Services' designee sign the KGAP C21 Agreement.

To expedite the new subsidy, ODJFS proposes to continue the KGAP C21 subsidy payment in the amount of \$ based on your previous KGAP Agreement. A family may not receive two Title IV-E funded subsidies at the same time. Kinship Guardianship (KGAP) payments and Medicaid coverage are currently in effect through . KGAP C21 subsidy payments can begin providing both the kinship caregiver(s) and ODJFS sign and date the KGAP C21 Agreement form by this date.

Please sign and date this form in **BLUE** ink and email to:

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

If you do not agree with this proposed KGAP C21 subsidy payment, please contact the KGAP C21 Representative to schedule a time to discuss the KGAP C21 subsidy payment further.

Per 5101:2-55-03 of the Ohio Administrative Code, we will work together to identify the needs of the kinship guardianship young adult, your family's circumstances, and consensus on a subsidy payment amount.

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

Name of KGAP C21 Representative	Date <i>(mm/dd/yyyy)</i>	Email
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## TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) AGREEMENT

### ASSISTANCE AGREEMENT

The following kinship guardianship assistance program connections to twenty-one (KGAP C21) agreement, hereinafter called "the agreement" has been entered into by and between the Ohio Department of Job and Family Services (ODJFS) hereinafter called "agency," and the kinship caregiver(s) \_\_\_\_\_, residing at: \_\_\_\_\_

This is an:             Initial Agreement                       Amended Agreement Effective (mm/dd/yyyy) \_\_\_\_\_

### ARTICLE I: GENERAL PROVISIONS

1. The kinship caregiver(s) represents that he/she/they:
  - Have accepted legal placement of a child that is now a kinship guardianship young adult.
  - Are maintaining caregiver responsibility for the kinship guardianship young adult.
  - Kinship guardianship young adult has attained the age of eighteen and meets one of the following requirements:
    - Is completing secondary education or a program leading to an equivalent credential.
    - Is enrolled in an institution that provides post-secondary or vocational education.
    - Is participating in a program or activity designed to promote or remove barriers to employment.
    - Is employed for at least eighty hours per month.
    - Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.
2. The name of such kinship guardianship young adult is \_\_\_\_\_ (Young Adult Name)
3. Kinship guardianship assistance program connections to twenty-one assistance may begin no earlier than the month following the kinship guardianship young adult's eighteenth birthday. The agreement must be signed by the kinship caregiver(s) and the agency prior to the initial payment.
4. The initial agreement or any that is subsequently amended shall remain in effect regardless of the county or state in which the kinship caregiver(s) and the kinship guardianship young adult resides.
5. The agreement remains in effect as long as the kinship caregiver(s) continues to maintain caregiver responsibility for the kinship guardianship young adult's care and the young adult meets the eligibility requirements in 5101:2-55-02 of the Ohio administrative code.
6. The KGAP C21 payment shall be paid to the kinship caregiver(s) to assist the kinship caregiver(s) in maintaining the kinship guardianship young adult in the caregiver family and meeting any ongoing needs of the kinship guardianship young adult. The payment is not restricted to meeting the daily support of the kinship guardianship young adult but may be used to fund any other needs of the kinship guardianship young adult, including such services as education.
7. The agreement may be amended or terminated at any time by the mutual consent of the kinship caregiver(s) and the agency or by the agency as described in Article VII of this agreement.
8. Both the kinship caregiver(s) and agency are legally bound by this agreement.

### ARTICLE II: OBLIGATIONS OF KINSHIP CAREGIVER(S)

1. The kinship caregiver(s) will
  - Notify the agency within fifteen calendar days of a change if they are no longer maintaining caregiver responsibility for the kinship guardianship young adult's care, the caregiver relocates, the kinship guardianship young adult marries, enlists in the military, no longer meets the eligibility requirements, or dies.
  - Comply with any interstate requirements for KGAP C21 if the caregiver and young adult move to another state.
  - Notify the agency if health care insurance coverage is made available to the kinship caregiver young adult and submit the ODM 06612 "Health Insurance Information Sheet" (Rev. 11/2020).
  - Semi-annually complete and return the JFS 00142 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage" and JFS 00141 "Title IV-E

Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage."

- Semi-annually submit documentation to support ongoing caregiver responsibility and kinship guardianship young adult eligibility criteria.
- Advise the social security administration that the kinship guardianship young adult is in receipt of KGAP C21.

**ARTICLE III: OBLIGATION OF THE ODJFS ADMINISTRATION**

1. The agency will notify the kinship caregiver(s) of changes in agency, state, or federal policy that have a potential effect on the amount of the KGAP C21 payment.
2. The agency will verify semi-annually the kinship guardianship young adult's continuing eligibility for KGAP C21. The criteria for continuing eligibility are:
  - The kinship caregiver(s) continues to maintain caregiver responsibility for the kinship guardianship young adult's care.
  - The kinship guardianship young adult continues to meet the KGAP C21 eligibility requirements.

**ARTICLE IV: KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) PAYMENT**

1. Kinship guardianship assistance program connections to twenty-one payments in the amount of \$ \_\_\_\_\_ per month will be provided on behalf of (kinship guardianship young adult's name) \_\_\_\_\_.
2. The terms of the agreement may be amended at any time if both parties agree to the change.

**ARTICLE V: MEDICAL CARE**

1. The kinship guardianship young adult is eligible for Medicaid benefits provided under Title XIX of the Social Security Act for as long as the agreement is in effect.
2. The kinship guardianship young adult is eligible for Medicaid benefits described in number 1. above in the state where he or she resides.

**ARTICLE VI: TITLE XX SOCIAL SERVICES AND OTHER SERVICES**

1. The kinship guardianship young adult is eligible for Title XX funded social services as long as the agreement is in effect.
2. The kinship guardianship young adult is eligible for Title XX funded social services in the state in which he/she resides. If a needed service(s) specified in this agreement is not available in the new state of residence, the state making the original kinship guardianship payments remains financially responsible for providing the specified service(s).
3. If the kinship guardianship young adult moves to another Ohio county, the kinship guardianship young adult will be provided with Title XX funded social services in the county where they reside. If any of the Title XX funded social services specified in this agreement are not available in the county where the kinship guardianship young adult resides, ODJFS shall be responsible for securing those services. Nothing shall prohibit the kinship caregiver(s) from applying for Title XX funded social services in the county of residence, even if the services are not already specified in this agreement.
4. The kinship guardianship young adult will be provided the following Title XX funded social services:  
\_\_\_\_\_  
\_\_\_\_\_
5. The agency shall provide or secure funding for the following services, whether or not they are available through Title XX:  
\_\_\_\_\_  
\_\_\_\_\_



**ARTICLE VII: TERMINATION**

1. The agreement is subject to termination if the agency determines:
  - The kinship caregiver(s) is no longer maintaining caregiver responsibility for the kinship guardianship young adult's care.
  - The kinship caregiver(s) dies, and no successor guardian(s) is named.
2. The agreement is subject to termination if the agency determines:
  - The kinship guardianship young adult no longer meets the eligibility requirements.
  - The kinship guardianship young adult enlists in the military.
  - The kinship guardianship young adult marries.
  - The kinship guardianship young adult dies.
3. The agreement terminates at the end of the month of the kinship guardianship young adult's twenty-first birthday.
4. Following the termination, the kinship caregiver(s) may reapply for KGAP C21 at any time prior to the kinship guardianship young adult attaining the age of twenty-one.

**ARTICLE VIII: APPEAL**

1. The kinship caregiver(s) may appeal any agency decision to deny, reduce or terminate KGAP C21 or to deny the amount of KGAP C21 payment requested by the kinship caregiver(s).
2. The agency must inform the kinship caregiver(s) in writing of any decision to deny, reduce, or terminate KGAP C21 or to deny the amount of the KGAP C21 payment requested by the kinship caregiver(s). The notice of denial must inform the kinship caregiver(s) of the right to appeal through a state hearing as well as the procedure for requesting a state hearing.
3. The kinship caregiver(s) may also appeal through a request for a state hearing in any case in which the agency fails to inform the kinship caregiver(s) about potential financial, medical, or service benefits that may be available to the kinship guardianship young adult through the KGAP C21 program.

**ARTICLE IX: EFFECTIVE DATE**

1. The agreement is effective on the date of final signature by both the kinship caregiver(s) and ODJFS unless a later date is indicated in the space below for the subsidy payment to begin.
2. Subsidy Effective Date:            /            /            OR     Not Applicable

**SIGNATURES**

Kinship Caregiver(s) Signature	Date (mm/dd/yyyy)
Kinship Caregiver(s) Signature	Date (mm/dd/yyyy)
Authorized Agency Representative's Signature	Date (mm/dd/yyyy)

**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF REDETERMINATION**

Name of Applicant(s)/Kinship Caregiver(s)		Mailing Date (mm/dd/yyyy)
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth (mm/dd/yyyy)	
Date current KGAP C21 Agreement Expires (mm/dd/yyyy)	Date Forms and Documentation are Required (mm/dd/yyyy)	

It is time to redetermine eligibility for Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21). Please review this notice as it outlines the information that is required to continue your current KGAP C21 Agreement.

- Kinship Caregiver(s) must attest to and provide documentation of continued caregiver responsibility. Use enclosed form JFS 00142 and reference the enclosed Documentation Guide for documentation requirements.
- Kinship guardianship young adult must attest to continued kinship caregiver responsibility. Use enclosed form JFS 00141.
- Kinship guardianship young adult, meets and provides documentation of meeting at least one of the following program eligibility criteria:
  - Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- Kinship guardianship young adult is over the age of 18, but not yet age 21 or older.

Pursuant to 5101:2-55-02 of the Ohio Administrative Code, failure to provide required forms and required documentation will result in ineligibility for continued KGAP C21 subsidy and subsequent termination.

**Please send your signed JFS 00142 and JFS 00141 forms, documentation of kinship caregiver responsibility, and documentation of continued eligibility criteria for the kinship guardianship young adult via email to:**

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

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

Name of KGAP C21 Representative	Date (mm/dd/yyyy)	Email
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**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE  
(KGAP C21) YOUNG ADULT SEMI-ANNUAL ASSURANCE OF KINSHIP CAREGIVER  
RESPONSIBILITY AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE**

Kinship Guardianship Young Adult's Name ( <i>First, Middle, Last</i> )		Date of Birth ( <i>mm/dd/yyyy</i> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
Kinship Caregiver's Name		Kinship Caregiver's Name	
Address		Email Address	
City, State, Zip		Phone Number	
Does your kinship caregiver(s) still maintain caregiver responsibility for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below			
Do you reside in your kinship caregiver home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below			
Are you enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.			
Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.			
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<b><i>Please attach documentation to support the answers above.</i></b>			
<b>SECTION II: PROGRAM REQUIREMENTS</b>			
Identify the KGAP C21 requirements that you meet:			
<input type="checkbox"/> Completing secondary education or a program leading to an equivalent credential.			
<input type="checkbox"/> Enrolled in an institution that provides post-secondary or vocational education.			
<input type="checkbox"/> Participating in a program or activity designed to promote or remove barriers to employment.			
<input type="checkbox"/> Employed for at least eighty hours per month.			
<input type="checkbox"/> Incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.			
<b><i>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent employment payment stub, letter from job training program verifying participation, written verification from a qualified professional verifying that the kinship guardianship young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</i></b>			
<b>SECTION III: KINSHIP GUARDIANSHIP YOUNG ADULT SIGNATURE</b>			
Kinship Guardianship Young Adult Signature		Date ( <i>mm/dd/yyyy</i> )	
<b>SECTION IV: FOR AGENCY COMPLETION</b>			
Is the kinship guardianship young adult under age 21?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the kinship guardianship young adult meet one of the KGAP C21 requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the kinship caregiver provided documentation of caregiver responsibility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the kinship guardianship young adult enlisted in the military services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the kinship guardianship young adult married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<input type="checkbox"/> The KGAP C21 Agreement will continue without changes.			
<input type="checkbox"/> The KGAP C21 Agreement will continue with changes as reflected on the amended agreement ( <i>attach copy</i> )			
<input type="checkbox"/> The KGAP C21 Agreement will not continue due to ( <i>attach written documentation of evidence to terminate if applicable</i> )			
Printed Name of Eligibility Determiner			
Signature of Eligibility Determiner		Date ( <i>mm/dd/yyyy</i> )	

## TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) KINSHIP CAREGIVER SEMI-ANNUAL ASSURANCE OF KINSHIP CAREGIVER RESPONSIBILITY AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE

SECTION I: KINSHIP CAREGIVER(S) INFORMATION			
Kinship Guardianship Young Adult's Name <i>(First, Middle, Last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Kinship Caregiver's Name	Kinship Caregiver's Name		
Address		Email Address	
City, State, Zip		Phone Number	
<p>Do you still maintain caregiver responsibility of the kinship guardianship young adult?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, please explain below.</p> <p>Does the kinship guardianship young adult reside in your home?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If No, please explain below.</p> <p>Is the kinship guardianship young adult enlisted in the military services?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, please explain below.</p> <p>Is the kinship guardianship young adult married?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, please explain below.</p> <p>Is there a need to amend the agreement?    <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, please explain below.</p>			
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<b><i>Please attach documentation to support the answers above.</i></b>			
<p>Identify the KGAP C21 requirements the kinship guardianship young adult meets:</p> <p><input type="checkbox"/> Is completing secondary education or a program leading to an equivalent credential.</p> <p><input type="checkbox"/> Is enrolled in an institution that provides post-secondary or vocational education.</p> <p><input type="checkbox"/> Is participating in a program or activity designed to promote or remove barriers to employment.</p> <p><input type="checkbox"/> Is employed for at least eighty hours per month.</p> <p><input type="checkbox"/> Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.</p> <p><b><i>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent employment payment stub, letter from job training program verifying participation, written verification from a qualified professional verifying that the kinship guardianship young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</i></b></p>			
SECTION II: LIST ALL HEALTH INSURANCE COVERAGE			
LIST MEDICAID PROVIDER <input type="checkbox"/> MOLINA <input type="checkbox"/> CARE SOURCE <input type="checkbox"/> UNITED HEALTHCARE <input type="checkbox"/> BUCKEYE <input type="checkbox"/> PARAMOUNT <input type="checkbox"/> OTHER			
SECTION III: LIST ADDITIONAL INSURANCE COVERAGE			
Policy Holder's Name		Policy Number	
Name of Insurance		Effective Date <i>(mm/dd/yyyy)</i>	
SECTION IV: KINSHIP CAREGIVER(S) SIGNATURE			
Kinship Caregiver's Signature	Date <i>(mm/dd/yyyy)</i>	Kinship Caregiver's Signature	Date <i>(mm/dd/yyyy)</i>

**SECTION V: FOR AGENCY COMPLETION**

- Is the kinship guardianship young adult under age 21?  Yes  No
- Does the kinship guardianship young adult meet one of the KGAP C21 requirements?  Yes  No
- Has the kinship caregiver provided documentation of caregiver responsibility?  Yes  No
- Is the kinship guardianship young adult enlisted in the military services?  Yes  No
- Is the kinship guardianship young adult married?  Yes  No

Provide a detailed explanation regarding any responses to the above questions, if applicable.

- The KGAP C21 Agreement will continue without changes.
- The KGAP C21 Agreement will continue with changes as reflected on the amended agreement (*attach copy*)
- The KGAP C21 Agreement will not continue due to (*attach written documentation of evidence to terminate if applicable*)

Printed Name of Eligibility Determiner

Signature of Eligibility Determiner

Date (mm/dd/yyyy)

## TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF TERMINATION

Name of Kinship Guardianship Young Adult c/o Kinship Caregiver(s) Name	Mailing Date (mm/dd/yyyy)
Street Address	City, State, and Zip Code
Kinship Guardianship Young Adult's Name	Date of Birth (mm/dd/yyyy)
Date of Termination (mm/dd/yyyy)	

This is a notice of your termination from Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21). Please review this notice carefully as it outlines the reason(s) for this decision. You have until \_\_\_\_\_ to request a state hearing to appeal the decision if you disagree (except when terminated because the kinship guardianship young adult has attained the age of 21). This is due to state and federal Title IV-E requirements and eligibility criteria that state a kinship guardianship young adult cannot receive these benefits after attaining the age of 21. If you submit a state hearing request by \_\_\_\_\_, then KGAP C21 benefits shall continue until a state hearing decision is issued.

### REASONS FOR TERMINATION

- Kinship guardianship young adult is now 21 years old and no longer meets the eligibility requirements for KGAP C21.
- Kinship guardianship young adult has not maintained participation in any of the following activities and therefore is no longer eligible for KGAP C21:
- Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- Kinship caregiver(s) young adult has not verified continued caregiver responsibility/support from kinship caregiver(s).
- Kinship caregiver(s) has not continued caregiver responsibility for kinship guardianship young adult and/or has not provided documentation to demonstrate continued caregiver responsibility.
- Other, as identified below:

This notice of termination is issued pursuant to 5101:2-55-02 of the Ohio Administrative Code. You have the right to reapply if or when you meet all the eligibility requirements.

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

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

Name of KGAP C21 Representative	Date (mm/dd/yyyy)	Email
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**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF CONTINUED APPROVAL**

Name of Applicant(s)/ Kinship Caregiver(s)		Mailing Date <i>(mm/dd/yyyy)</i>
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth <i>(mm/dd/yyyy)</i>	

It has been determined that you continue to be eligible for the Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) program based on a completed:

- JFS 00142 Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage; and
- JFS 00141 Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage; and
- Receipt of all required documentation that was received on .

This approval is issued pursuant to 5101:2-55-02 of the Ohio Administrative Code.

If you agree with continuing your KGAP C21 subsidy as it is currently written and signed, then you do not need to do anything further. The current monthly subsidy amount that will continue is \$ . The next redetermination is due by .

If you do not agree with continuing your KGAP C21 subsidy as it is currently written, then you must notify ODJFS within 15 calendar days of this notice to identify what changes you are requesting by contacting:

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

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

Name of KGAP C21 Representative	Date <i>(mm/dd/yyyy)</i>	Email
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