



October 12, 2022

Family, Children and Adult Services Manual Transmittal Letter No. 508

TO: Family, Children and Adult Services Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: Kinship Guardianship Assistance Program (KGAP) Rules

In accordance with the Administration on Children, Youth and Families, ACYF-CB-PI 10-01, and the Fostering Connections to Success and Increasing Adoptions Act of 2008 Public Law 110-351, adds section 471(a)(28) to the Act, creating a new title IV-E plan option for States and Tribes to provide kinship guardianship assistance payments to relatives who assume legal custody/guardianship of kinship children for whom they have cared for as foster parents for a minimum of six consecutive months. Rules have been created to instruct Title IV-E agencies on the implementation of the Title IV-E KGAP requirements. These rules will be effective on January 1, 2023.

Ohio Administrative Code (OAC) rule 5101:2-46-01 entitled "**Administration of the Title IV-E Kinship Guardianship Assistance Program (KGAP)**" outlines the primary objectives of the KGAP program and the administrative responsibility.

OAC rule 5101:2-46-02 entitled "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Eligibility Criteria**" outlines the eligibility criteria established prior to the court issuing an order granting legal custody/guardianship to a kinship caregiver(s) when reunification or adoption are not appropriate permanency options for the child.

OAC rule 5101:2-46-03 entitled "**Initial Determination of the Title IV-E Kinship Guardianship Assistance Program (KGAP) Monthly Payment Amount**" outlines the factors that must be considered in determining the amount of the KGAP payment and payment modifications determined by mutual agreement between the kinship caregiver(s) and ODJFS.

OAC rule 5101:2-46-04 entitled "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement and Duration: Provision for Financial Support and Services**" outlines the criteria of the KGAP agreement and the duration of the agreement. This rule coincides with form JFS 00133 entitled "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement."

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OAC rule 5101:2-46-05 entitled "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Monthly Payments**" outlines the required procedures needed to begin a KGAP monthly payment when there is a mutually agreed upon KGAP agreement and specific steps have been completed.

OAC rule 5101:2-46-06 entitled "**Title IV-E Kinship Guardianship Assistance (KGAP) Ongoing Verification**" outlines the responsibilities of the kinship caregiver(s) to provide the JFS 00136 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Annual Assurance of Legal Responsibility, School Attendance and Eligibility for Continued Medicaid Coverage" for continued Medicaid coverage through the KGAP program.

OAC rule 5101:2-46-07 entitled "**Amendment of the Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement**" outlines criteria for the kinship caregiver(s) and ODJFS by mutual agreement to amend a KGAP agreement. The request must contain newly documented needs of the child or circumstances of the kinship caregiver(s) that were not previously subject to the current agreement. This may include changes to the successor guardian at any time.

OAC rule 5101:2-46-08 entitled "**Suspension of Title IV-E Kinship Guardianship Assistance Program (KGAP) Payment**" outlines the criteria for suspension of a KGAP payment to a kinship caregiver(s) when certain circumstances apply.

OAC rule 5101:2-46-09 entitled "**Termination of a Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement**" outlines the circumstances that result in the termination of a KGAP agreement between the kinship caregiver(s) and ODJFS.

OAC rule 5101:2-46-10 entitled "**Case Record Requirements for Title IV-E Kinship Guardianship Assistance Program (KGAP)**" outlines required documentation which supports the public children services agency (PCSA) actions in determining eligibility for KGAP in the case record.

OAC rule 5101:2-46-11 entitled "**Title XIX Medicaid Coverage for Title IV-E Kinship Guardianship Assistance Program (KGAP) Eligible Children**" outlines procedures to follow for provision of Title XIX medical coverage for children eligible for KGAP.

OAC rule 5101:2-46-12 entitled "**Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expenses**" outlines the requirements for eligibility for nonrecurring KGAP expenses and the reimbursement of the nonrecurring expenses incurred by a kinship caregiver(s) that are directly related to the legal custody/guardianship of a child.

OAC rule 5101:2-46-13 entitled "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Intercounty and Interstate Case Management Responsibility**" outlines the requirements for intercounty and interstate case management for KGAP when the kinship caregiver(s) and the child move to another county or state.

OAC rule 5101:2-46-14 entitled "**Requirements for Title IV-E Kinship Guardianship Assistance Program (KGAP) Past Age Eighteen**" outlines the requirements for KGAP for children with an existing kinship guardianship agreement that are eighteen to twenty-one years of age. To be eligible for kinship guardianship assistance beyond age eighteen, the child must have a documented physical/mental disability or medical condition that is verified annually.

Forms:

JFS 00131 "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility.**" This form is completed for each child who is placed in the certified foster home of a kinship caregiver(s) who applies for a KGAP subsidy.

JFS 00133 "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement.**" This form is used to enter into a legal agreement between Ohio department of job and family services (ODJFS) and the kinship caregiver(s) for kinship guardianship assistance payments.

JFS 00134 "**Application for Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expenses.**" This form is the application used by the kinship caregiver(s) for reimbursement of allowable expenses up to \$2,000 in expenses incurred during the process of obtaining legal custody/guardianship of a child.

JFS 00134-I "**Instructions for Completing JFS 00134, Application for Reimbursement of Nonrecurring Guardianship Assistance Program (KGAP) Expenses.**" This form provides instructions when completing an application for reimbursement of expenses incurred during the legal custody/guardianship process.

JFS 00135 "**Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement.**" This form is the agreement between the kinship caregiver(s) and ODJFS outlining the provisions for payment or reimbursement of nonrecurring Kinship Guardianship Assistance Program (KGAP) expenses, not to exceed \$2,000 per child.

JFS 00136 "**Title IV-E Kinship Guardianship Assistance Program (KGAP) Annual Assurance of Legal Responsibility, School Attendance and Eligibility for Continued Medicaid Coverage.**" This form is to verify legal responsibility on an annual basis of ongoing

circumstances of the kinship caregiver(s) and child or whenever there is a significant change in the family situation.

JFS 00127 "Notice of Adverse Action for the Federal Kinship Guardianship Assistance Program (KGAP)." This form is used when Ohio department of job and family services (ODJFS) proposes denial or termination of the KGAP subsidy pursuant to rule 5101:2-46-09 of the Administrative Code.

These forms will be available online at: <http://www.odjfs.state.oh.us/forms/>. These forms will be effective on January 1, 2023.

INSTRUCTION:

The following chart indicates the materials that should be removed from the Family, Children and Adult Services Manual 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		5101:2-46-01
		5101:2-46-02
		5101:2-46-03
		5101:2-46-04
		5101:2-46-05
		5101:2-46-06
		5101:2-46-07
		5101:2-46-08
		5101:2-46-09
		5101:2-46-10
		5101:2-46-11
		5101:2-46-12
		5101:2-46-13
		5101:2-46-14
FORMS		JFS 00131
		JFS 00133
		JFS 00134
		JFS 00134-I
		JFS 00135
		JFS 00136
		JFS 00127

TRANSMITTAL LETTERS		FCASMTL No. 508
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5101:2-46-01**Administration of the Title IV-E kinship guardianship assistance program (KGAP).**

(A) The primary objectives of the KGAP program are to:

(1) Facilitate another permanency planning option for children who it has been determined that reunification and adoption are not appropriate options for the child; and

(2) Assist kinship caregiver(s) who have a strong commitment to caring permanently for the child.

(B) The public children services agency (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 KGAP.

(C) ODJFS is responsible for the following administrative activities related to KGAP.

(1) Negotiate payment.

(2) Ensuring the proper administration of funds, allocated or reimbursed.

(3) Maintaining a separate KGAP case record for each program eligible child that has entered into a KGAP agreement.

(4) Redetermination of annual eligibility.

(D) The PCSA is to establish and maintain policy and procedures governing its kinship guardianship assistance program in accordance with section 5153.163 of the Revised Code.

(E) The PCSA is to determine eligibility status in the Ohio statewide automated child welfare information system (SACWIS) and inform ODJFS that the applicant(s) are eligible for federal KGAP within thirty working days of a request by the kinship caregiver to apply for federal KGAP payments. The PCSA will determine the eligibility status using the criteria outlined in rule 5101:2-46-02 of the Administrative Code.

(F) Prior to the court issuing an order of legal custody/guardianship, the PCSA that holds custody is to complete the KGAP eligibility determination in the Ohio SACWIS and if the child is eligible for Title IV-E KGAP provide the kinship caregiver(s) with information on how to access the JFS 00131 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility" form.

- (G) The PCSA is to assist the kinship caregiver(s) of a child placed by the PCSA with the JFS 00131, requested by the kinship caregiver(s). The PCSA is to also provide the kinship caregiver(s) with the JFS 04059 "Explanation of State Hearing Procedures" and is to inform the kinship caregiver(s) of the right to request a state hearing upon approval or denial of their application.
- (H) The kinship caregiver(s) has the right to request a state hearing if the PCSA denies eligibility for KGAP, or the application has been acted upon erroneously, or not acted upon with reasonable promptness.
- (I) In the event that the kinship caregiver dies or is incapacitated, the PCSA is to assist the primary successor legal guardian as outlined in rule 5101:2-46-05 if the Administrative Code.

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

5101:2-46-02**Title IV-E kinship guardianship assistance program (KGAP) eligibility criteria.**

(A) For the purposes of Chapter 5101:2-46 of the Administrative Code, "kinship caregiver" has the same meaning as in rule 5101:2-1-01 of the Administrative Code and including 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 home has a kin relationship with the child.

(B) In order to be eligible for the KGAP program, prior to the court issuing an order granting legal custody/guardianship to the kinship caregiver(s) the public children services agency (PCSA) has determined the following eligibility criteria:

- (1) The child, as defined in rule 5101:2-1-01 of the Administrative Code, was:
 - (a) Removed from their home pursuant to a voluntary placement agreement or as a result of a judicial determination that continuation in the home would be contrary to the welfare of the child.
 - (b) Eligible for Title IV-E foster care maintenance (FCM) payments during at least a six-consecutive month time period during which the child resided in the home of the kinship caregiver(s) who was certified as a foster home while in foster care.
 - (c) A citizen or legal resident of the United States, and legal custody/guardianship will be granted in the United States.
- (2) The PCSA has also found:
 - (a) Reunification or adoption are not appropriate permanency planning options for the child.
 - (b) The child demonstrates a strong attachment to the kinship caregiver(s) and the kinship caregiver(s) has a strong commitment to caring permanently for the child.
 - (c) A child who is fourteen years or older has been consulted regarding the kinship guardianship arrangement.

(d) The kinship caregiver(s) is currently certified as a foster home including having up to date 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 as applicable. If the kinship caregiver(s) resides in another state, the PCSA is to ensure the family and any other adult(s) of the kinship caregiver(s) living in the home, complies with all requirements of that state for licensure and background checks to become certified or licensed in that state.

(C) Any sibling of a child in receipt of KGAP payments who is placed with the same relative is eligible to receive KGAP payments under a kinship guardianship arrangement if the PCSA determines this as an appropriate placement and the relative(s) agrees.

(1) The PCSA does not have to place siblings with the kinship caregiver(s) of the child simultaneously with the Title IV-E eligible child for the siblings to qualify for payment.

(2) The sibling does not have to meet the eligibility criteria in order to receive KGAP payments.

(D) For a child who has a case plan goal or concurrent plan goal of custody with a fit and willing kinship caregiver(s), the case plan is to be documented in accordance with rule 5101:2-38-05.2 of the Administrative Code.

(E) The PCSA is to use the Ohio statewide automated child welfare information system (SACWIS) to document KGAP eligibility status.

(F) When the kinship caregiver(s) submits documentation for ongoing verification, Ohio department of job and family services (ODJFS) is to determine if the kinship caregiver(s) is still caring for the child.

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5101:2-46-03

Initial determination of the Title IV-E kinship guardianship assistance program (KGAP) monthly payment amount.

- (A) The monthly amount of the KGAP payment is determined by negotiation and mutual agreement between the kinship caregiver(s) and Ohio department of job and family services (ODJFS).
- (B) KGAP payments are to be negotiated as follows:
- (1) The amount of the monthly KGAP payment for a child is not to exceed the current cost of the monthly foster care maintenance (FCM) payment that was paid or would have been paid if the child had been placed in a foster home.
 - (2) The 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 KGAP payment of less than three hundred fifty dollars.
 - (3) For any child for whom the requirement in paragraph (B)(1) of this rule would result in a KGAP payment of less than three hundred fifty dollars, the KGAP payment is to be three hundred fifty dollars or the child's current foster care per diem amount, whichever is lower.
 - (4) ODJFS and the kinship caregiver can mutually agree to negotiate a lower payment of three hundred fifty dollars.
- (C) ODJFS is not to consider the religion, sex, age, race, color, disability, or national origin of a kinship caregiver(s) or of the child when negotiating the KGAP agreement.
- (D) No income eligibility test is to be used when determining the monthly KGAP payment.
- (E) The child's supplemental security income (SSI) benefits are to be considered in the determination of the KGAP payment amount.
- (F) The kinship caregiver(s) is to notify the social security administration (SSA) of the KGAP monthly payment amount if the child receives SSI benefits. The child may receive KGAP and SSI concurrently if the child receives SSI. If there is concurrent receipt of payments from both programs, the SSA will decrease the monthly SSI benefit by the monthly KGAP payment amount.
- (G) 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.
- (H) ODJFS is to document the following in the Ohio statewide automated child welfare information system (SACWIS):

(1) Initial agreed upon monthly KGAP payment amount.

(2) State hearing and administrative appeal.

(I) ODJFS is to document in the child's KGAP case file when changes occur to the circumstances of the child and/or family; those changes are to be addressed or reviewed pursuant to rule 5101:2-46-07 of the Administrative Code.

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Date

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Rule Amplifies: 5153.163, 5153.16

5101:2-46-04

Title IV-E kinship guardianship assistance program (KGAP) agreement and duration: provision for financial support and services.

- (A) The kinship caregiver(s), the public children services agency (PCSA) director or designee and Ohio department of job and family services (ODJFS) are to negotiate and enter into a written, binding KGAP agreement with the prospective kinship caregiver(s) of a child who meets the requirements. All parties will review, sign and date the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" prior to the court issuing an order granting legal custody/guardianship. The PCSA responsible for determining eligibility for KGAP is also responsible for signing the JFS 00133.
- (B) The agreement is to specify, at a minimum:
- (1) The amount of, and manner in which, each kinship guardianship assistance payment will be provided under the agreement, and the manner in which the payment may be adjusted periodically, in consultation with the relative guardian, based on the circumstances of the kinship caregiver(s) and the needs of the child.
 - (2) The additional services and assistance that the child and kinship caregiver(s) will be eligible for under the agreement.
 - (3) The procedure by which the kinship caregiver(s) may apply for additional services as needed.
 - (4) That the state/tribal agency will pay the total cost of nonrecurring expenses associated with obtaining legal guardianship of the child, to the extent the total cost does not exceed two thousand dollars.
 - (5) That the agreement is to remain in effect without regard to the state/tribal service area residency of the kinship caregiver(s).
- (C) The agreement is to list the payments to be provided and the terms under which such benefits will continue to be available. The KGAP agreement is binding, but the payments may be amended at any time in response to a request made either by the kinship caregiver(s) or ODJFS if the kinship caregiver(s) and ODJFS agree to the change.
- (D) The KGAP agreement is to be effective on the date specified on the JFS 00133.
- (E) The PCSA is to ensure legal status change entry into Ohio statewide automated child welfare information system (SACWIS) within ten days from the receipt

of the journalized court order granting the kinship caregiver(s) legal custody or guardianship.

(F) The KGAP payments and services are not to begin prior to the court issuing an order granting legal custody/guardianship to the specified kinship caregiver(s). Once the kinship caregiver(s) has committed to care for the child and has assumed legal custody/guardianship of the child, ODJFS may then pay kinship guardianship assistance payments on behalf of a child to the kinship caregiver(s) provided that the agreement meets, or is amended to meet, all the requirements.

(G) The KGAP agreement is to remain in effect regardless of the county, state, or country where the kinship caregiver(s) resides unless the agreement is terminated pursuant to rule 5101:2-46-09 of the Administrative Code.

(H) The terms of the KGAP agreement may be amended at any time if both parties agree to the change in accordance with rule 5101:2-46-07 of the Administrative Code.

(I) In accordance with federal requirements, section 42 U.S.C. 673(d)(3)(C), effective September 29, 2014, language may not be added to the KGAP agreement that makes the agreement subject to the availability of funds.

(J) The kinship caregiver is to name a primary successor legal guardian in the agreement or in any amendments to the agreement. The primary successor legal guardian cannot be the parent(s) of the kinship guardianship child in accordance with section 42 U.S.C. 673(d)(3)(C). A new JFS 00133, 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) The primary successor legal guardian(s) is named in the current agreement.

(3) The primary successor legal guardian(s) and all adult household members complete and pass criminal background checks in accordance with rules 5101:2-46-05 and 5101:2-5-20, 5101:2-5-24, 5101:2-5-30 and 5101:2-5-09.1 of the Administrative Code.

(4) The primary successor legal guardian(s) obtains legal guardianship by a court of competent jurisdiction.

(K) If the KGAP payment is made to a primary successor legal guardian, ODJFS is to ensure all of the following prior to payment:

(1) Verification of the primary successor legal guardian named in the kinship caregiver(s) JFS 00133 or in any amendments to the agreement.

- (2) Termination date of the JFS 00133 with the previous kinship caregiver(s) pursuant to rule 5101:2-46-09 of the Administrative Code.
- (3) Completion of primary successor legal guardian 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.
- (4) The PCSA in the county in which the successor resides is to assist in completing the required background checks.
- (5) If residing in another state, the PCSA that previously held custody of the child is to assist in completing the required background checks.
- (6) Completed and signed JFS 00133 between the primary successor legal guardian, as the kinship caregiver(s), the PCSA director or designee and ODJFS.
- (7) Establish legal custody/guardianship of the primary successor legal guardian pursuant to rule 5101:2-46-04 of the Administrative Code as the kinship caregiver.
- (L) ODJFS will not have a general policy limiting KGAP prior to the child's eighteenth birthday.
- (M) ODJFS is to give a copy of the signed agreement and all amendments to the kinship caregiver(s) and keep a copy in the KGAP case record.
- (N) ODJFS 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 child resides in accordance with rule 5101:2-46-13 of the Administrative Code.
- (O) Nothing is to prohibit the kinship caregiver(s) family from seeking Title XX services available in the county of residence even if they are not already specified in the KGAP agreement. The kinship caregiver(s) may:

 - (1) Apply for the Title XX services in the county where they reside.
 - (2) Seek to amend the child's KGAP agreement.
- (P) The kinship caregiver(s) is to inform ODJFS of circumstances that would make them ineligible.
- (Q) The kinship caregiver(s) has the right to a state hearing under any of the following circumstances:

- (1) The PCSA denies eligibility for KGAP.
 - (2) ODJFS denies the amount of payment requested by the kinship caregiver(s) in the child's initial JFS 00131 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility."
 - (3) ODJFS proposes to reduce, suspend, or terminate the amount of KGAP payment specified on the current KGAP agreement.
 - (4) ODJFS denies a request by the kinship caregiver(s) to amend the terms of the current KGAP agreement.
- (R) ODJFS is to provide written notification to the kinship caregiver(s) when any of the following occur:
- (1) A denial for a request to increase the amount of the monthly KGAP payment.
 - (2) A reduction, suspension, or termination of the monthly KGAP payment.
- (S) ODJFS is to inform the kinship caregiver(s) of all decisions to deny or approve KGAP and provide a copy of the JFS 04059 "Explanation of State Hearing Procedures."

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

5101:2-46-05**Title IV-E kinship guardianship assistance program (KGAP) monthly payments.**

- (A) KGAP monthly payments are to begin when there is a mutually agreed upon KGAP agreement and all eligibility criteria outlined in rule 5101:2-46-02 of the Administrative Code have been met.
- (B) Ohio department of job and family services (ODJFS) is to enter the KGAP payment information into the Ohio statewide automated child welfare information system (SACWIS). The payment is to be in the form of a warrant or electronic funds transfer (EFT) made to the kinship caregiver(s).
- (C) If an overpayment or an underpayment of a KGAP payment occurs, the 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 exists:
- (a) The kinship caregiver(s) of a KGAP child does not receive a payment they are entitled to according to the current agreement.
- (b) The kinship caregiver(s) of a 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 KGAP payment was made was not eligible for such payment the month the payment was made.
- (D) ODJFS is responsible for reviewing payment records for 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 the ODJFS proposes to take with regard to the payment.
- (3) Send notification of the state hearing process to the kinship caregiver(s) in accordance with the provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

(E) ODJFS is to only take adverse action regarding the eligibility or financial status of a KGAP case, ODJFS is to do so in accordance with the provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code, and

(1) KGAP is to continue until a state hearing decision is issued if the state hearing is requested within fifteen calendar days of the date on the notice of adverse action.

(2) ODJFS is to continue KGAP payments if the hearing decision is favorable to the kinship caregiver(s).

(3) The kinship caregiver(s) is not required to return KGAP payments received prior to the issuance of the state hearing decision if the state hearing was requested within fifteen calendar days of the mailing date on the notice of adverse action and the hearing decision is to terminate or amend the monthly KGAP payment amount.

(F) Documentation of the repayment for the overpayment and the adjustment for the underpayment is to be retained in the KGAP case record.

(G) ODJFS is to refer all cases to the auditor of state in accordance with section 117.103 of the Ohio Revised Code, if there is probable cause to believe the crime of fraud has been committed.

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Date

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

5101:2-46-06**Title IV-E kinship guardianship assistance program (KGAP) ongoing verification.**

- (A) Ohio department of job and family services (ODJFS) is to provide the kinship caregiver(s) with the JFS 00136 "Title IV-E Kinship Guardianship Assistance Program (KGAP) annual assurance of legal responsibility, school attendance and eligibility for continued Medicaid coverage" annually or whenever impacting eligibility criterion.
- (B) For a child who has attained the minimum age for compulsory school attendance, ODJFS is to assure that the child's KGAP case record contains documentation of one of the following:
- (1) A child is enrolled full-time, or in the process of enrolling full-time, in an institution providing elementary or secondary education.
 - (2) A child is instructed in elementary or secondary education at home full-time in accordance with the home school law of the state where the kinship caregiver(s) resides.
 - (3) A child is in an independent study elementary or secondary education program full-time in accordance with the law of the state where the program is located, which is administered by the local school or school district.
 - (4) A child is incapable of attending school on a full-time basis due to the medical condition of the child, and the incapability is supported by regularly updated information in the KGAP case record of the child.
- (C) The kinship caregiver(s) is to notify ODJFS within fifteen calendar days of the date of a change if:
- (1) The child reaches the age of eighteen, or twenty-one if the child is physically/mentally disabled or has a medical condition pursuant to rule 5101:2-46-14 of the Administrative Code.
 - (2) The child marries or enlists in the military services.
 - (3) The child'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.
 - (4) The kinship caregiver(s) is no longer supporting the child.
 - (5) The kinship caregiver(s) legal rights have been terminated by a court of competent jurisdiction.

- (6) The family moves, or the child establishes their own residence.
- (7) The child is deceased.
- (D) The kinship caregiver(s) is to be supporting the child. A kinship caregiver(s) is supporting the child if the kinship caregiver(s) provides the child with shelter, food, clothing, or any support regardless of the physical location of the child. A kinship caregiver(s) is generally responsible for the support of a child who is under the age of eighteen or under the age of twenty-one and is physically/mentally disabled or has a medical condition.
- (E) A kinship caregiver(s) is not legally required to support the child if the child is emancipated. A child becomes emancipated if the child:
 - (1) Enlists in the military services.
 - (2) Marries.
 - (3) Has been determined to be an emancipated minor by a court of competent jurisdiction or the state of residence.
- (F) If the child no longer meets the requirements for KGAP, ODJFS is to terminate the KGAP agreement pursuant to rule 5101:2-46-09 of the Administrative Code.

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5101:2-46-07**Amendment of the Title IV-E kinship guardianship assistance program (KGAP) agreement.**

- (A) Prior to the expiration date of the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement," the kinship caregiver(s), the public children services agency (PCSA) director or designee and Ohio department of job and family services (ODJFS) by mutual agreement amend the JFS 00133. The amended agreement is to meet all other requirements of rule 5101:2-46-04 of the Administrative Code.
- (B) Any request for an amendment to the KGAP agreement is to contain newly documented needs of the child or circumstances of the kinship caregiver(s) that were not previously subject to the current agreement.
- (C) By mutual agreement between the kinship caregiver(s) and ODJFS pursuant to rule 5101:2-46-04 of the Administrative Code, the kinship caregiver(s) may amend the agreement to change the successor guardian at any time.
- (D) At any time while the JFS 00133 is in effect, the kinship caregiver(s) and ODJFS may agree to amend the payment amount or provision for services. If an amendment is requested:
- (1) The JFS 00133 is to be entered into by mutual agreement between the kinship caregiver(s) and ODJFS pursuant to rule 5101:2-46-04 of the Administrative Code.
 - (2) ODJFS and kinship caregiver(s) are to sign the amended agreement.
 - (3) The agreement is to meet all requirements of rules 5101:2-46-03 and 5101:2-46-04 of the Administrative Code.
 - (4) ODJFS is to give a copy of the amended agreement to the kinship caregiver(s) and retain a copy in the child's case record.
- (E) If ODJFS and the kinship caregiver(s) cannot agree on a mutually acceptable monthly KGAP payment amount, ODJFS and the kinship caregiver(s) may complete a JFS 00133 for a mutually acceptable level of KGAP payment while negotiations continue and requests a state hearing.
- (F) If the kinship caregiver(s) requests an amendment of the KGAP payment specified in an existing agreement and ODJFS denies the request, ODJFS is to provide the kinship caregiver(s) with written notice of the denial and the right to a state hearing, as provided in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code.

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5101:2-46-08

Suspension of Title IV-E kinship guardianship assistance program (KGAP) payment.

(A) Ohio department of job and family services (ODJFS) may suspend the KGAP payment when the following occur:

- (1) If ODJFS cannot establish contact with the kinship caregiver(s) to determine if the kinship caregiver(s) is still legally responsible for the support of the child; and
- (2) If ODJFS can document efforts to contact the kinship caregiver(s) to determine what support is provided to the child. Efforts include various methods to make contact with the kinship caregiver(s) such as telephone calls, mailings, texts, and emails; or
- (3) A Title IV-E agency has assumed legal responsibility for the care and placement/ custody of the child.

(B) When ODJFS proposes to suspend KGAP payment, ODJFS is to provide the kinship caregiver(s) with the following:

- (1) A written notice that ODJFS intends to suspend KGAP payments.
- (2) The reason(s) for the intended suspension of KGAP payments.
- (3) The begin date of the intended suspension of KGAP payments.
- (4) The kinship caregiver(s) right to a state hearing and the JFS 04059 "Explanation of State Hearing Procedures."

(C) The state hearing is to be requested within fifteen days from the date of the notice in accordance with provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code

- (1) If a state hearing is requested timely, within fifteen days, the KGAP payment is to continue until a state hearing decision is issued.
- (2) If no state hearing is requested timely, within fifteen days, the KGAP payments are to be suspended.
- (3) When the KGAP payment is suspended, the kinship caregiver(s) has ninety days to make contact and provide documentation of support.

(D) If a state hearing is requested and the state hearing decision is favorable to the kinship caregiver(s), KGAP payments are to continue in accordance with the terms

of the KGAP agreement or an amended agreement may be entered into by mutual agreement.

(E) If a state hearing is requested and the state hearing decision is favorable to ODJFS, ODJFS can terminate the KGAP agreement in accordance with the procedures as outlined in rule 5101:2-46-09 of the Administrative Code.

(F) If the kinship caregiver(s) contacts ODJFS while the KGAP payment is suspended and can provide documentation that meets the ongoing verification requirement to show continued support of the child, KGAP payments may be reinstated retroactive back to the date of the suspension, unless ODJFS has terminated the KGAP payment pursuant to rule 5101:2-46-09 of the Administrative Code.

(G) If the kinship caregiver(s) has not contacted ODJFS and provided documentation that meets the ongoing verification requirement within ninety days of the written notice to suspend KGAP payment, ODJFS can terminate the KGAP agreement in accordance with the procedures as outlined in rule 5101:2-46-09 of the Administrative Code.

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5101:2-46-09**Termination of a Title IV-E kinship guardianship assistance program (KGAP) agreement.**

(A) Ohio department of job and family services (ODJFS) is to terminate the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" in any of the following circumstances:

- (1) At the end of the month of the child's eighteenth birthday.
- (2) The kinship caregiver(s) has not contacted ODJFS and provided documentation that meets the ongoing verification requirement within ninety days of the notice to suspend a KGAP payment pursuant to rule 5101:2-46-08 of the Administrative Code.
- (3) If the child is no longer receiving any support from the kinship caregiver(s) as defined in paragraph (B) of this rule.
- (4) If the kinship caregiver(s) is no longer legally responsible for supporting the child as defined in paragraph (C) of this rule.
- (5) If a court of competent jurisdiction has terminated legal custody/guardianship of the kinship caregiver(s) or the kinship caregiver(s) has voluntarily surrendered legal custody/guardianship.
- (6) If the kinship caregiver(s) requests termination of the KGAP benefits.
- (7) If the kinship caregiver(s) is deceased.
- (8) If a new agreement was established with the successor guardian upon the kinship caregiver(s) death or incapacitation.
- (9) If the child is deceased.

(B) A kinship caregiver(s) is not supporting the child if the kinship caregiver(s) is not providing the child with shelter, food, clothing, or any financial support regardless of the physical location of the child.

(C) A kinship caregiver(s) is not legally required to support the child if the child becomes emancipated. A child becomes emancipated if the child:

- (1) Enlists in the military services, defined as the date of report for active duty.
- (2) Marries.

- (3) Has been determined to be an emancipated minor by a court of competent jurisdiction or the state of residence.
- (4) Is self-supporting by paying for shelter, food, and clothing even though they may still reside with the kinship caregiver(s).
- (D) When ODJFS proposes to terminate the KGAP agreement, ODJFS is to provide the kinship caregiver(s) with a notice of the proposal to terminate and the right to a state hearing.
- (E) When ODJFS proposes to terminate the KGAP agreement, and the kinship caregiver(s) has requested a state hearing, the following will apply:

 - (1) If a state hearing is requested within fifteen days of the date on the notice in accordance with provisions set forth in Chapters 5101:6-1 to 5101:6-9 of the Administrative Code, KGAP is to continue until a state hearing decision is issued.
 - (2) If a state hearing is requested within fifteen days of the date on the notice and the hearing decision is favorable to the kinship caregiver(s), KGAP is to continue in accordance with the terms of the KGAP agreement or an amended agreement may be entered into by mutual agreement.
 - (3) If a state hearing is requested within fifteen days of the mailing date on the notice and the hearing decision is to terminate the KGAP, 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, KGAP is to be terminated.
- (F) When ODJFS determines that KGAP should be terminated, ODJFS is to provide notification to the kinship caregiver(s) of Ohio's intent to terminate the KGAP subsidy. Notification is to include, at a minimum, all of the following:

 - (1) The effective termination date.
 - (2) Provide the JFS 04059 "Explanation of State Hearing Procedures."
 - (3) Complete the JFS 04065 "Prior Notice of Right to A State Hearing."
 - (4) Include the JFS 04069 "State Hearing Request."
 - (5) A completed JFS 00127 "Notice of Adverse Action for the Federal Kinship Guardianship Assistance Program (KGAP)."

(6) Complete the ODM 01958 "Referral for Medicaid continuing eligibility review" pursuant to rule 5160:1-2-01 of the Administrative Code and send the ODM 07236 "Your Rights & Responsibilities as a Consumer of Medicaid Health Coverage" to the kinship caregiver(s).

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Case record requirements for Title IV-E kinship guardianship assistance program (KGAP).

(A) Ohio department of job and family services (ODJFS) is to maintain a KGAP case record that is available upon request.

(B) The case record is to contain documentation which supports the public children services agency (PCSA) actions in determining eligibility for KGAP. The case record is to include the following information, when applicable:

- (1) A copy of the signed JFS 00131 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility," even if the kinship caregiver(s) declines.
- (2) A copy of the signed JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement."
- (3) A copy of the KGAP eligibility determination in the Ohio statewide automated child welfare information system (SACWIS).
- (4) A copy of each signed JFS 00136 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Annual Assurance of Legal Responsibility, School Attendance and Eligibility for Continued Medicaid Coverage."
- (5) A copy of the ODM 06612 "Health Insurance Information Sheet," as completed by the kinship caregiver(s).
- (6) A copy of the ODM 06613 "Accident/Injury Insurance Information," as completed by the kinship caregiver(s).
- (7) A copy of the ODM 03528 "Healthcheck and Pregnancy Related Services information Sheet," as applicable.
- (8) A copy of the journalized court order granting the kinship caregiver(s) legal custody/guardianship.
- (9) A copy of the documentation evidencing repayment of any identified KGAP overpayment.
- (10) A copy of all state hearing, administrative appeal, and judicial review documentation.
- (11) A copy of the interstate compact and KGAP medical assistance forms.

(C) For 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 00131 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility."

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5101:2-46-11**Title XIX medicaid coverage for Title IV-E kinship guardianship assistance program (KGAP) eligible children.**

- (A) A child eligible for KGAP, is eligible for Title XIX medicaid coverage beginning with the effective date of the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement."
- (B) Ohio department of job and family services (ODJFS) is to inform the kinship caregiver(s) that they are to notify ODJFS within fifteen calendar days after moving to another county or state.
- (C) The kinship caregiver(s) is to cooperate with ODJFS to assure that a move out-of-state complies with any applicable interstate requirements pursuant to rule 5101:2-44-05.2 of the Administrative Code. Failure to notify ODJFS may result in the interruption of Title XIX medical coverage.
- (D) For a child with a KGAP agreement in effect who moves or resides out-of-state, the following is to apply:
- (1) After seven business days after ODJFS is notified by the kinship caregiver(s) that the KGAP eligible child is moving to or residing in another state, ODJFS is to transfer Title XIX medical coverage to the state of residence by:
- (a) Completing and forwarding the current signed and dated JFS 00133 to the Ohio department of job and family services (ODJFS) interstate compact and medical assistance (ICAMA) state administrator pursuant to rule 5101:2-44-05.2 of the Administrative Code.
- (b) Providing notification to the kinship caregiver(s) of Ohio's intent to terminate the Title XIX medical coverage. Notification is to, at a minimum, include all of the following:
- (i) The effective termination date of Ohio's Title XIX medical coverage.
- (ii) A completed JFS 04065 "Prior Notice of Right To A State Hearing."
- (iii) A statement that the child will continue to receive KGAP payments from Ohio or, if no payments are being made, a statement that the JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" remains in effect and Title XIX medical coverage will be provided by the state in which the child resides.
- (c) Terminating the medical coverage in the Ohio statewide automated child welfare information system (SACWIS).

- (2) Upon notification of any change that would affect the medicaid status, ODJFS is to, complete and forward the ICAMA form 7.5 "Information Exchange" which can be found at: <https://aaicama.org/cms/index.php/the-aaicama/new-icama-forms/icama-forms> to ODJFS ICAMA state administrator.
- (3) ODJFS is to provide the responsible Title XIX medical authority in the state where the child resides with verification that the child meets the continuing eligibility requirements for medicaid. If ODJFS determines the child does not meet the continuing eligibility requirements, within twenty business days ODJFS is to:
- (a) Complete a medicaid pre-termination review (PTR) of continuing medicaid eligibility pursuant to rule 5160:1-2-01 of the Administrative Code.
 - (b) Provide notification of the date Title XIX medical coverage is to be terminated to the responsible Title XIX medical authority in the state in which the KGAP eligible child resides.
- (E) For a child with an out-of-state KGAP agreement in effect who moves to or resides in Ohio, the following is to apply:
- (1) The child is automatically eligible for Title XIX medical coverage provided by Ohio.
 - (2) ODJFS ICAMA administrator is to take the following actions to activate Title XIX medical coverage:
 - (a) Verify the following information is included on the ICAMA form 7.01 received from the responsible Title XIX authority and the national ICAMA database:
 - (i) The child's name, social security number, date of birth, and address.
 - (ii) The name of kinship caregiver(s).
 - (iii) The address where the medical card should be sent.
 - (iv) A copy of the sending state's KGAP agreement.
 - (v) The name, address, and telephone number of a contact person in the state with KGAP case management responsibility.
 - (vi) The termination date of Title XIX medical coverage in the state with KGAP case management responsibility or the state where the child moved.

- (vii) Any additional information regarding other health insurance coverage the child may have, including third-party liability.
 - (b) Enter into Ohio SACWIS the Ohio medicaid effective date and an "active" status on the ICAMA record.
 - (c) Complete the ODM 06612 "Health Insurance Information Sheet" if there is information that the child is covered by a private health insurance plan.
- (3) ODJFS is to maintain a separate case record for each KGAP eligible child who resides in Ohio. The case record is to contain all of the information required in paragraph (D) of this rule for all children with KGAP agreements in effect who move to or reside in Ohio.

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5101:2-46-12**Reimbursement of Title IV-E nonrecurring 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 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) 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 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 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 or disruption prior to the court issuing an order granting legal custody/guardianship, if applicable. 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 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement."
- (G) If siblings are placed with the KGAP eligible child, either separately or together, each child is to be treated as an individual. A separate JFS 00134 "Application for Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expenses" and JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement" 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 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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5101:2-46-13**Title IV-E kinship guardianship assistance program (KGAP) intercounty and interstate case management responsibility.**

- (A) KGAP intercounty and interstate case management changes will be handled by Ohio department of job and family services (ODJFS).
- (B) The JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" remains in effect even though the kinship caregiver(s) and the child move to another county or state. The responsibility for management of the KGAP case remains with ODJFS.
- (C) If the kinship caregiver(s) and the child for whom an Ohio executed JFS 00133 is in effect reside in or move to another state, the child is to be provided Title XIX (medicaid) and Title XX (social service block grant) services by the state in which the child resides. If any of the Title XX services specified in the KGAP agreement are not available in the state where the child resides or has moved, ODJFS will be responsible for securing those services.
- (D) If the kinship caregiver(s) and the child for whom a JFS 00133 is in effect reside in or move to another Ohio county, the child is to be provided with Title XX services, as specified in the JFS 00133 by the county where the child resides. If any of the Title XX services specified in the KGAP agreement are not available in the Title XX plan in the county where the child resides or has moved, ODJFS will be responsible for securing those services from the public children services agency (PCSA) that held custody of the child.
- (E) Nothing will keep the kinship caregiver(s) of a child for whom a KGAP agreement 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 KGAP agreement. The kinship caregiver(s) may:
- (1) Apply for the Title XX services in the county where the kinship caregiver(s) resides.
 - (2) Seek to amend the child's JFS 00133.
- (F) ODJFS will assist the kinship caregiver(s) in completing the JFS 00136 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Annual Assurance of Legal Responsibility, School Attendance and Eligibility for Continued Medicaid Coverage" and/or the JFS 00133.
- (G) In the event that the kinship caregiver(s) and the child move out of state, ODJFS is to comply with any interstate compact on kinship and medical assistance (ICAMA) requirements pursuant to rule 5101:2-46-11 of the Administrative Code.

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5101:2-46-14**Requirements for Title IV-E kinship guardianship assistance program (KGAP) past age eighteen.**

(A) KGAP is available for an eligible child whose kinship caregiver(s) entered into an initial KGAP agreement prior to the child's eighteenth birthday through the end of the month of the child's eighteenth birthday.

(B) 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 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 as identified in paragraph (D) of rule 5101:2-46-06 of the Administrative Code. The ongoing medical treatment of the physical/mental disability or medical condition is to be verified annually 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 casework services to the child to have a physical/mental disability or medical condition.

(a) For the purpose of this rule, a "qualified professional" is an individual who is one of 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.

- (i) The kinship caregiver(s) is to provide Ohio department of 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.
- (3) 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.
- (4) 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.

- (5) 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 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 KGAP agreement to begin the 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 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" to a 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 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 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:
 - (i) Terminates the KGAP agreement.
 - (ii) Completes the ODM 01958 "Referral for Medicaid Continuing Eligibility Review" and submit it to the county department of job and family services (CDJFS) located in the county where the kinship caregiver(s) resides, in compliance with the medical pre-termination review.
 - (iii) ODJFS will notify medicaid to terminates the Title XIX medical coverage.

(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 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.

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

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.jfs.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@jfs.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
NOTICE OF ADVERSE ACTION FOR THE FEDERAL KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP)

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 Federal 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, Federal KGAP is to continue until a state hearing decision is issued.

Date of Denial
Reasons for Denial
<input type="checkbox"/> The JFS 00131 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility" 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 has not named a successor guardian. <input type="checkbox"/> The JFS 00133 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Agreement" was not signed by the kinship caregiver(s) prior to court issuing an order of legal custody or guardianship.

Date of Termination
Reasons for Termination
<input type="checkbox"/> At the end of the month the child's _____ birthday (mm/dd/yyyy) pursuant to rule(s) 5101:2-46-14 of the Administrative Code. <input type="checkbox"/> The kinship caregiver(s) has not contacted ODJFS and provided documentation that meets the ongoing verification requirement within ninety days of the written notice to suspend a KGAP payment pursuant to rule 5101:2-46-08 of the Administrative Code. <input type="checkbox"/> The child is no longer receiving any support from the kinship caregiver(s). <input type="checkbox"/> The kinship caregiver(s) is no longer legally responsible for supporting the child. <input type="checkbox"/> A court of competent jurisdiction has terminated legal custody/guardianship of the kinship caregiver(s) or the kinship caregiver(s) has voluntarily surrendered legal custody/guardianship. <input type="checkbox"/> The kinship caregiver(s) request termination of the KGAP benefits. <input type="checkbox"/> The kinship caregiver(s) dies. <input type="checkbox"/> The kinship caregiver(s) is incapacitated. <input type="checkbox"/> The kinship caregiver(s) is not supporting the child. <input type="checkbox"/> The child marries. <input type="checkbox"/> The child became emancipated. <input type="checkbox"/> The child enlisted in the military. (Enlistment in the military is defined as the date of report for active duty.) <input type="checkbox"/> The child died.

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

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

This notice is an explanation of actions that are being taken that will affect your payments from the KGAP program. Please contact your caseworker at ODJFS for explanation. Your communication could resolve concerns and prevent further action from being taken.

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.

Name of Kinship Caregiver(s)	Name of Kinship Caregiver(s)	Telephone Number ()	Date
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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.

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 (<i>mm/dd/yyyy</i>)	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.

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	
<input type="checkbox"/> Initial Agreement	<input type="checkbox"/> Amendment
<input type="checkbox"/> Family has an approved Nonrecurring Agreement per rule OAC 5101:2-56-05 (<i>please attach JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement."</i>)	
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: (<i>first and last</i>)	Name of Successor Guardian: (<i>first and last</i>)
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)	
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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
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
TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP)
APPLICATION FOR INITIAL ELIGIBILITY

Ohio Administrative Code Chapter 5101:2-46 requires that an application be completed for each child who is placed in the certified foster home of a kinship caregiver in accordance with rule 5101:2-46-01 and 5101:2-46-02 of the Administrative Code. Note: If kinship guardianship assistance is provided on behalf of a child who is receiving SSI it will be the responsibility of the kinship caregiver(s) to advise the Social Security Administration regarding the child's receipt of Title IV-E Kinship Guardianship assistance. 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			
SECTION II: ODJFS INFORMATION			
Ohio Department of Job and Family Services (ODJFS) Representative			
Address			
City, State, Zip			Phone Number
SECTION III: CHILD'S INFORMATION			
Name of Child (<i>First, Middle, Last</i>)			Date of Birth (<i>mm/dd/yyyy</i>)
COMPLETE IF CHILD WILL BE ATTENDING SCHOOL			
Name of School	School District	Grade	
SECTION IV: STATEMENT TO WAIVE KINSHIP GUARDIANSHIP ASSISTANCE			
<i>I affirm that I understand that my child may be eligible for Title IV-E Kinship Guardianship Assistance, but I do not wish to receive any payment or benefits as it relates to the legal custody/guardianship of the above-named child. By signing my name in the signature box in this section, I understand that I am waiving my right to kinship guardianship assistance for my child now or in the future. If waiving kinship guardianship assistance, do not complete sections V and section VI of this form.</i>			
(Kinship Caregiver Signature)	Date	(Kinship Caregiver Signature)	Date
SECTION V: HEALTH INSURANCE			
If the child is or will be covered by health, accident, or hospital insurance, complete the following			
Policy Holder	Name of Insurance Company		Policy Number
Benefits to be paid <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured			Effective Date
Identify any limitations/riders affecting the coverage for the child.			
SECTION VI: SIGNATURE(S)			
Kinship Caregiver Signature	Date	Kinship Caregiver Signature	Date
AGENCY USE ONLY			
Successor Guardian background check in accordance with rules 5101:2-5-20; 5101:2-5-24, 5101:2-5-30 and 5101:2-5-09.1 of the Ohio Administrative Code as applicable. If the kinship caregiver(s) resides in another state, ODJFS is to ensure the family complies with all requirements of that state for licensure and background checks. Please indicate date background checks completed.			

TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP) AGREEMENT

KINSHIP GUARDIANSHIP ASSISTANCE AGREEMENT

The following kinship guardianship assistance agreement, hereinafter called "the agreement" has been entered into by and between _____ hereinafter called "agency," and the kinship caregiver(s), hereinafter called the "kinship caregiver(s)," residing at _____

This is an: Initial Agreement Amended Agreement

Family has an approved Nonrecurring Agreement per rule OAC 5101:2-46-12 (*please attach JFS 00135 " Agreement for Payment or Reimbursement for Title IV-E Nonrecurring Expenses Incurred in a Kinship Guardianship Placement."*)

ARTICLE I: GENERAL PROVISIONS

1. The kinship caregiver intends to pursue legal custody/guardianship of the child that is (*please check one below*):
 1. Under the permanent custody of _____ (*Agency Name*)
or
2. Name of child.
3. The kinship guardianship assistance agreement must be signed by the kinship caregiver(s) and the agency prior to the legal custody/guardianship. The agreement is to be effective once it is signed and dated by both the kinship caregiver(s) and the PCSA, prior to the court issuing an order granting legal custody/guardianship to the kinship caregiver(s).
4. The KGAP payments and services are not to begin prior to the court issuing an order granting legal custody/guardianship. Once the kinship caregiver(s) has committed to care for the child and has assumed legal custody/guardianship of the child, the PCSA may then pay kinship guardianship assistance payments on behalf of a child to the kinship caregiver(s) provided that the agreement meets, or is amended to meet, all the requirements.
5. The initial kinship guardianship assistance 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 child are residents.
6. The agreement remains in effect as long as the kinship caregiver(s) continues to be legally responsible for the child's care and **continues to provide support for the child through the month of the child's eighteenth birthday.**
7. The kinship guardianship assistance payment is to be provided to assist the kinship caregiver(s) in incorporating the child into the family. The kinship guardianship assistance payment is not restricted to meeting the daily support of the child but may be used or put aside to fund any other needs of the child, including such services as education.
8. The agreement may be amended or terminated at any time by the mutual consent of the kinship caregiver(s) and the agency.
9. The kinship caregiver is to name a primary successor legal guardian in the agreement or in any amendments to the agreement.
10. Both the kinship caregiver(s) and agency are legally bound by this agreement.

ARTICLE II: OBLIGATIONS OF THE KINSHIP CAREGIVER(S)

1. The kinship caregiver(s) will
 - Notify the agency within fifteen calendar days of a change if the kinship caregiver(s) is no longer legally responsible for the child's care, no longer providing support to meet the child's needs, or the child emancipated.
 - Notify the agency within fifteen calendar days when the family and/or child has a change of address or relocates.
 - Comply with any interstate requirements for kinship guardianship assistance in the event that the family moves to another state.
 - Notify the PCSA if health care insurance coverage is made available to the child and submit the ODM 06612 "Health Insurance Information Sheet."
 - Provide documentation that the child is enrolled in school or is incapable of attending school full-time by completing and returning the JFS 00136 "Title IV-E Kinship Guardianship Assistance Program (KGAP) Annual Assurance of Legal Responsibility, School Attendance and Eligibility for Continued Medicaid Coverage."

ARTICLE III: OBLIGATIONS OF THE AGENCY 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 kinship guardianship assistance payment.
2. The agency will verify annually the child's continuing eligibility for kinship guardianship assistance. The criteria for continuing eligibility are:
 - The kinship caregiver(s) continues to be legally responsible for the child's care.
 - The kinship caregiver(s) continues to provide support for the child.
 - The child is under 18 years of age.

ARTICLE IV: KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT

1. The agency has provided the kinship caregiver(s) with all information known about the child's family background and medical history.
2. The agency has discussed the child's emotional, medical, mental, developmental, or physical diagnoses in light of the child's family background and medical history.
3. The agency has presented the kinship caregiver(s) with information about the following kinship guardianship assistance programs: Title IV-E kinship guardianship assistance program (KGAP), KGAP Nonrecurring, State KGAP and kinship guardianship connections to age twenty-one (KCAT).
4. Kinship guardianship assistance payments in the amount of \$ _____ per month will be provided on behalf of (child's name) _____ for the identified service needs to begin on (MM/DD/YY) when the kinship caregiver(s) has obtained legal custody/guardianship pursuant to rule 5101:2-46-04 of the Administrative Code.

ARTICLE V: MEDICAL CARE

1. The child 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 child is eligible for Medicaid benefits in the state where the child resides.

ARTICLE VI: TITLE XX SOCIAL SERVICES AND OTHER SERVICES

1. The child is eligible for Title XX funded social services as long as the agreement is in effect.
2. The child is eligible for Title XX funded social services in the state in which the child resides. If a needed service(s) specified in the kinship guardianship assistance agreement is not available in the new state of residence, the state making the original kinship guardianship assistance payments remains financially responsible for providing the specified service(s).
3. If the child moves to another Ohio county, the child will be provided with Title XX funded social services in the county where the child resides. If any of the Title XX funded social services specified in the kinship guardianship agreement are not available in the county where the child resides, the county which entered into the kinship guardianship agreement shall be responsible for providing/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 the kinship guardianship agreement.
4. The child 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: SUSPENSION

The kinship guardianship assistance payment is subject to suspension if the PCSA cannot establish contact through concerted efforts with the kinship caregiver(s) to determine if the kinship caregiver(s) is providing any support to the child after concerted efforts were made in accordance with 5101:2-46-08.

ARTICLE VIII: TERMINATION

1. The agreement is subject to termination when the child reaches the age of 18.
2. The agreement is subject to termination if the agency determines that the kinship caregiver(s) is no longer legally responsible for the child's care, no longer providing support to meet the child's needs, or the child emancipates.
3. The kinship caregiver is to name a primary successor legal guardian in the agreement or in any amendments to the agreement.

ARTICLE IX: APPEAL

1. The kinship caregiver(s) may appeal any agency decision to deny, reduce, suspend or terminate kinship guardianship assistance or to deny the amount of kinship guardianship assistance payment requested by the kinship caregiver(s).
2. The agency must inform the kinship caregiver(s) in writing of any decision to deny, reduce, suspend, or terminate kinship guardianship assistance or to deny the amount of the kinship guardianship assistance 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 child through the Title IV-E kinship guardianship assistance program.

ARTICLE X: AGREEMENT EFFECTIVE DATE

1. This agreement is effective on the date the court grants legal custody/guardianship to the kinship caregiver(s).

This agreement shall be signed and dated prior to the court issuing an order granting legal custody/guardianship to the kinship caregiver(s). (This is the court date to obtain legal custody/guardianship.)
2. Payments and services shall not begin prior to the effective date and signatures.

SIGNATURES		
Kinship Caregiver Signature	Email	Date <i>(mm/dd/yyyy)</i>
Kinship Caregiver Signature	Email	Date <i>(mm/dd/yyyy)</i>
Agency Representative's Signature	Email	Date <i>(mm/dd/yyyy)</i>
Agency Director or Designee Approval	Email	Date <i>(mm/dd/yyyy)</i>
A signed copy of this agreement was given/mailed to the kinship caregiver(s) on: Date <i>(mm/dd/yyyy)</i>		

Ohio Department of Job and Family Services
**APPLICATION FOR REIMBURSEMENT OF NONRECURRING KINSHIP GUARDIANSHIP
 ASSISTANCE PROGRAM (KGAP) EXPENSES**

Date of Application <i>(mm/dd/yyyy)</i>		Case or ID Number <i>(Completed by Agency)</i>	
SECTION I: ODJFS INFORMATION			
Name of State Representative			
Address <i>(City, State and Zip Code)</i>			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>	
Address	City, State and Zip Code		Telephone Number
SECTION III: CHILD			
Name of Child <i>(First and Last)</i>			<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth <i>(mm/dd/yyyy)</i>			
SECTION IV: PROGRAM CERTIFICATION (For ODJFS Use Only)			
A. Is there a determination that the child cannot and should not be returned to the home of the specified relative? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?			
B. Is there documentation that reunification or adoption are not appropriate permanency options for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No Documentation Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what documentation is being attached?			
SECTION V: SIGNATURES			
Signature of Kinship Caregiver		E-mail	Date
Signature of kinship Caregiver		E-mail	Date

SECTION VI: DISPOSITION (FOR ODJFS USE ONLY)

This application relates only to the applicant's eligibility for the Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expense Program. Specific items to be paid or reimbursed shall be addressed on the JFS 00135, "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement." This application for reimbursement of nonrecurring KGAP expenses has been:

Approved Denied

Reason for Denial:

Signature of Authorized ODJFS Representative

Date (mm/dd/yyyy)

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 your application is denied or if you disagree with any other actions taken on your application. For a complete explanation of your hearing rights and the hearing process, please read JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to applicant along with this application.

Ohio Department of Job and Family Services
**INSTRUCTIONS FOR COMPLETING JFS 00134,
APPLICATION FOR REIMBURSEMENT OF NONRECURRING KINSHIP
GUARDIANSHIP ASSISTANCE PROGRAM (KGAP) EXPENSES**

The purpose of the Application for Reimbursement of Nonrecurring Guardianship Assistance Program (KGAP) Expenses (JFS 00134) is to allow the kinship caregiver(s) to apply for reimbursement of allowable expenses up to \$2,000 incurred during the guardianship process.

Case or ID Number: Enter the statewide automated child welfare information center (SACWIS) case or ID number which has been assigned to this case for identification and record retrieval.

SECTION I: ODJFS Information

Name of Ohio Department of Job and Family Services (ODJFS) Representative: Enter the name of the state representative in which this application will be submitted.

Address/Telephone Number of state representative: Enter the street address, city, state, zip code and telephone number (including area code).

SECTION II: Kinship Caregiver(s)

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

Address/Telephone Number of Kinship Caregiver(s): Enter the street address, city, state, zip code and telephone number (including area code) of the kinship caregiver(s).

SECTION III: Child

Name of Child: Enter the name that the child.

Gender: Enter the gender of the child.

Date of Birth: Enter the month, day, and year the child was born.

SECTION IV: Program Certification

Reunification or adoption are not appropriate permanency options for the child.

SECTION V: Signatures

Signature of Kinship Caregiver(s): Application must be signed by Kinship Caregiver(s).

SECTION VI: Disposition

Disposition: The agency shall indicate whether the application is approved or denied in the appropriate box. For denials, the agency shall provide the reason in the appropriate space and provide the applicant(s) with a JFS 04059 and JFS 04059.

Signature of Authorized Representative: Ohio department of job and family services (ODJFS) representative who decides the disposition of the application must sign and date the form.

SECTION VII: Right to a State Hearing

This section informs the applicant(s) of their right to a state hearing if they do not agree with the decision made by the agency.

Ohio Department of Job and Family Services
**AGREEMENT FOR PAYMENT OR REIMBURSEMENT FOR NONRECURRING
EXPENSES INCURRED IN A KINSHIP GUARDIANSHIP PLACEMENT**

SECTION I: GENERAL PROVISIONS

1. The following agreement has been entered into by and between
hereinafter called "Ohio Department of Job and Family Services (ODJFS)" and
the kinship caregiver(s), hereinafter called the "Kinship Caregiver(s),"
residing at
2. The child's name

SECTION II: GENERAL TERMS OF THE AGREEMENT

1. The kinship caregiver(s) and ODJFS concur that the provisions for payment or reimbursement of nonrecurring Kinship Guardian Assistance Program (KGAP) expenses apply to guardianship prior to the court issuing an order granting legal custody/guardianship to the kinship caregiver(s).
2. The kinship caregiver(s) and ODJFS concur that the provisions of this agreement will apply only to:
 - a) Nonrecurring KGAP expenses incurred or paid by the kinship caregiver(s).
 - b) Nonrecurring KGAP expenses paid by ODJFS on behalf of the kinship caregiver(s).
3. The kinship caregiver(s) and ODJFS concur that payment or reimbursement will include only those nonrecurring KGAP expenses for which a bill or fee has been charged and for which the kinship caregiver(s) are ultimately liable (*i.e. the cost of services that ODJFS is not required to provide or to pay*).

SECTION III: SPECIFIC TERMS OF THE AGREEMENT

The kinship caregiver(s) and ODJFS agree to the following procedures for payment or reimbursement of the nonrecurring expenses of legal custody/guardianship with the understanding that total payments or reimbursement will not exceed \$2,000 per child for each kinship placement. Check each arrangement below which applies to this agreement.

1. ODJFS has reimbursed _____, and/or agrees to provide reimbursement to _____, the kinship caregiver(s), for the following KGAP expenses following payment by the kinship caregiver(s).

- Court Cost issuing an order granting legal custody/guardianship
- Legal Expenses
- Transportation, Lodging and Food
- Reasonable and necessary legal custody/guardianship fees

2. ODJFS has paid _____, and agrees to make payment(s) to _____, service provider(s) on behalf of the kinship caregiver(s) for the following KGAP expenses incurred by the kinship caregiver(s).

- Court Cost issuing an order granting legal custody/guardianship
- Legal Expenses
- Transportation, Lodging and Food
- Reasonable and necessary legal custody/guardianship fees

3. ODJFS agrees to submit a claim on behalf of the kinship caregiver(s) for payment or reimbursement of the following nonrecurring KGAP expenses incurred or paid by the kinship caregiver(s).

- Court Cost issuing an order granting legal custody/guardianship
- Legal Expenses
- Transportation, Lodging and Food
- Reasonable and necessary legal custody/guardianship fees

SECTION IV: PAYMENT OR REIMBURSEMENT IF NONRECURRING EXPENSES EXCEED \$2,000

In the event that nonrecurring expenses for the legal custody/guardianship of an individual child exceeds \$2,000, ODJFS agrees that the kinship caregiver(s) may choose the expenses to claim for payment or reimbursement from among the expenses they have not received previous payment or reimbursement.

SECTION V: VERIFICATION BY THE KINSHIP CAREGIVER(S)

1. The kinship caregiver(s) states that the nature and the amounts of the nonrecurring expenses listed in Section III will be accurately reported and documented.
2. The kinship caregiver(s) agrees to verify the nonrecurring KGAP expenses for which they have received payment or reimbursement from ODJFS, or which ODJFS has paid to a service provider on their behalf.
3. The kinship caregiver(s) agrees to submit a claim for payment or reimbursement and proof of expenditures only for those additional nonrecurring KGAP expenses for which they are financially responsible within two years of the court issuing the order of legal custody/guardianship to the kinship caregiver(s) or placement with the kinship caregiver(s) ending prior to the court issuing the order of legal custody/guardianship to the kinship caregiver(s).
4. The kinship caregiver(s) understands that if an agreement cannot be reached in the nature and amount of expenses which are eligible for payment or reimbursement, they are entitled to a state hearing in accordance with the policies and procedures contained in Chapter 5101:6-2 of the Ohio Administrative Code.

SECTION VI: VERIFICATION BY THE ODJFS

1. ODJFS asserts that a copy of this agreement, along with accurate documentation of the nonrecurring KGAP expenses itemized in Section III of this agreement, will be maintained in the case record.
2. The kinship caregiver(s) and ODJFS concur that payment or reimbursement for nonrecurring KGAP expenses will not exceed the total sum of \$2,000 for each child.

SECTION VII: AMENDMENT OF THE AGREEMENT

The kinship caregiver(s) and ODJFS concur that this agreement may be amended by mutual consent at any time prior to the court issuing an order of legal custody/guardianship to the kinship caregiver(s) subject to the conditions of rules 5101:2-46-07 and 5101:2-56-05 of the Administrative Code.

Kinship Caregiver(s) Signature	Email	Date
Kinship Caregiver(s) Signature	Email	Date
ODJFS Representative Signature	Email	Date

A signed copy of this Agreement was given/mailed to the kinship caregiver(s) on: _____
Date (mm/dd/yyyy)