



May 11, 2023

Family, Children and Adult Services Manual Transmittal Letter No. 521

TO: Family, Children and Adult Services Manual Holders

FROM: Matt Damschroder, Director

SUBJECT: Amendment to Forms JFS 00128, JFS 00131, JFS 00133, JFS 00134, JFS 00134-I, and JFS 00135

This letter transmits amendments to forms JFS 00128, JFS 00131, JFS 00133, JFS 00134, JFS 00134-I, and JFS 00135 related to the state and federal applications for initial eligibility, reimbursement of nonrecurring kinship guardianship assistance program (KGAP) expenses and instructions for completing the nonrecurring KGAP application. These forms have been revised as a result of additional feedback received from our federal partners after the rules were effective. These forms will become effective as of May 2023.

JFS 00128 entitled “**Application for State Kinship Guardianship Assistance Program Payments.**” This form has been updated to align the state and federal KGAP applications for initial eligibility.

JFS 00131 entitled “**Title IV-E Kinship Guardianship Assistance Program (KGAP) Application for Initial Eligibility.**” This form has been updated to align the federal and state KGAP applications for initial eligibility. The revision date has been updated.

JFS 00133 entitled “**Title IV-E Guardianship Assistance Program (KGAP) Agreement.**” This form has been updated to include amendment procedures in the general provisions section of Article I. The revision date has been updated.

JFS 00134 entitled “**Application for Reimbursement of Nonrecurring Kinship Guardianship Assistance Program (KGAP) Expenses.**” This form has been updated to provide a description of the KGAP Nonrecurring Expenses Program Information. The United States Postal Service mailing address and Federal KGAP email address were added for instruction on returning the JFS 00134. The revision date has been updated.

JFS 00134-I entitled “**Instructions for Completing JFS 00134, Application for Reimbursement of Nonrecurring Guardianship Assistance Program (KGAP) Expenses.**” This form has been rescinded.

JFS 00135 entitled “**Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement.**” This form has been updated

to change the language in the general and specific terms of agreement sections replacing 'agency' with ODJFS, omitting transportation, lodging, food, and the duplication of KGAP nonrecurring expenses. Changes were made to verification by kinship caregivers' section to remove verbiage. The revision date has been updated.

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
FORMS		JFS 00128
		JFS 00131
		JFS 00133
		JFS 00134
	JFS 00134-I	
		JFS 00135
TRANSMITTAL LETTERS		FCASMTL No. 521

APPLICATION FOR STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM PAYMENTS**PURPOSE**

The purpose of the Application for State Kinship Guardian Assistance Program Payments (JFS 00128) is to allow kinship families, who are seeking legal custody/guardianship of a child that is currently placed in their certified foster home as a foster child, to apply for financial assistance.

PCSA is to complete Section I and Section III prior to sending to kinship caregiver(s).**SECTION I: PUBLIC CHILDREN SERVICES AGENCY (PCSA) INFORMATION**

Name of Public Children Services Agency	Contact Person
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) INFORMATION

Name of Kinship Caregiver 1 (<i>first and last</i>)	Name of Kinship Caregiver 2 (<i>first and last</i>)
Cell Phone for Kinship Caregiver 1	Cell Phone for Kinship Caregiver 2
Email Address for Kinship Caregiver 1	Email Address for Kinship Caregiver 2
Kinship Family Street Address, City, State, Zip Code and Home Phone Number	
Preferred contact person and method for communication	

SECTION III: CHILD'S INFORMATION

Name of Child: (<i>first and last</i>)	Date of Birth (<i>mm/dd/yyyy</i>)
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: SUCCESSOR GUARDIAN

The Kinship Caregiver is to identify a successor guardian who agrees to assume guardianship of the child due to the death or incapacitation of the Kinship Caregiver. The successor guardian cannot be a parent of the child.	
Name of Successor Guardian: (<i>first and last</i>)	Telephone Number:
Successor Guardian's Street Address, City, State and Zip Code	

Instructions for Completing the JFS 00128 “Application for State Kinship Guardian Assistance Program Payments”

SECTION I: Agency Information – Public Children Services (PCSA) to Complete prior to sending to Kinship Caregiver(s)

Name of Public Children Services Agency (PCSA): Enter agency name.

Address, Contact Person, and Telephone Number Enter agency's address, contact person, and phone number

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

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

SECTION II: Kinship Caregiver(s)

Name of Kinship Caregiver 1: Enter the first and last name of the kinship caregiver.

Name of Kinship Caregiver 2: Enter the first and last name of the kinship caregiver.

Cell Phone for Kinship Caregiver 1: Cell phone number of kinship caregiver 1.

Cell Phone for Kinship Caregiver 2: Cell phone number of kinship caregiver 2.

Email Address for Kinship Caregiver: Email address of kinship caregiver 1.

Email Address for Kinship Caregiver: Email address of kinship caregiver 2.

Kinship Family Address and Home Phone Number: Enter the kinship family's address and home phone number.

Preferred contact person and method for communication: Enter the kinship caregiver who will be the first contact for agency communications and preferred method of communication (i.e., cell phone, email, etc.).

SECTION III: Kinship Child – PCSA to Complete prior to sending to Kinship Caregiver(s)

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.

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 Foster Care: List the date the kinship child has been/will be placed in your home as a foster care placement.

SECTION IV: Successor Guardian

The Kinship Caregiver is to identify a successor guardian who agrees to assume guardianship of the child due to the death or incapacitation of the Kinship Caregiver. The successor guardian cannot be a parent of the child.

Name of Successor Guardian: Enter the first and last name of the successor guardian.

Successor Guardian Address and Telephone Number Enter the successor guardian's address and telephone number.

Email Address: Email address of the successor guardian

County: County of residence of the successor guardian.

SECTION V: 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 VI: 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.

SECTION VII: Eligibility Criteria (for PCSA 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. If a court hearing to award custody to the caregiver has been scheduled, enter the date of the court hearing.

Ohio Department of Job and Family Services
TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP)
APPLICATION FOR INITIAL ELIGIBILITY

The purpose of the Application for Title IV-E Federal Kinship Guardian Assistance Program Payments (JFS 00131) is to allow kinship caregivers, who are seeking legal custody/guardianship of a child that is currently placed in their certified foster home as a foster child, to apply for financial assistance.

PCSA is to complete Section I and Section III prior to sending to kinship caregiver(s).

SECTION I: PUBLIC CHILDREN SERVICES AGENCY (PCSA) INFORMATION	
Name of Public Children Services Agency	Contact Person
Agency Street Address, City, State and Zip Code	Telephone Number
Name of Custodial Agency (If different than above)	Contact Person
Agency Street Address, City, State and Zip Code	Telephone Number
SECTION II: KINSHIP CAREGIVER(S) INFORMATION	
Name of Kinship Caregiver 1 (first and last)	Name of Kinship Caregiver 2 (first and last)
Cell Phone for Kinship Caregiver 1	Cell Phone for Kinship Caregiver 2
Email Address for Kinship Caregiver 1	Email Address for Kinship Caregiver 2
Kinship Family Street Address, City, State, Zip Code and Home Phone Number	
Preferred contact person and method for communication	
SECTION III: CHILD'S INFORMATION	
Name of Child (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
Race of Kinship Child	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Bi-Racial
Ethnicity of Kinship Child	
<input type="checkbox"/> Hispanic/Latino	
Date of Foster Care Placement	
SECTION IV: SUCCESSOR GUARDIAN	
The Kinship Caregiver is to identify a successor guardian who agrees to assume guardianship of the child due to the death or incapacitation of the Kinship Caregiver. The successor guardian cannot be a parent of the child.	
Name of Successor Guardian (first and last)	
Successor Guardian Street Address, City, State and Zip Code	Telephone Number
Email address	County

SECTION V: STATEMENT TO WAIVE KINSHIP GUARDIANSHIP ASSISTANCE

I affirm I understand that the child listed in Section III 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 section VII of this form.

(Kinship Caregiver Signature)	Date	(Kinship Caregiver Signature)	Date
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SECTION VI: RIGHT TO A STATE HEARING

Upon receipt of your Title IV-E KGAP application, the agency will determine your eligibility.

If, after the agency's determination, you do not agree with the action, you have a right to a state hearing. 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 is to be given to you along with this application.

SECTION VII: KINSHIP CAREGIVER(S) SIGNATURE

I affirm the information given by me in this application is accurate.

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

SECTION VIII: DISPOSITION (FOR PCSA USE ONLY)

Eligibility Criteria

- The child is Title IV-E eligible for foster care maintenance payments.
- The child was 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.
- The child is a citizen or a legal resident of the United States, and legal custody/guardianship will be granted in the United States.
- The kinship caregiver(s) is currently certified as a foster home including having up to date background checks.
- The child is residing in the applicant's home as a certified foster care placement and will have completed six consecutive months of placement prior to the legal custody/guardianship determination.
- Reunification and adoption are not appropriate permanency options.
- The child has demonstrated a strong attachment to the applicant.
- If the child is fourteen or older, they were consulted regarding the kinship guardianship agreement.
- There is a pending court hearing where a determination will be made concerning legal custody or guardianship.
 - Yes No

Date of court hearing _____ .

This application relates only to the applicant's eligibility for the Title IV-E Kinship Guardianship Assistance Program (KGAP). This application for Title IV-E KGAP has been:

Approved Denied

Denial reason:

Signature of Authorized PCSA Representative	Date (mm/dd/yyyy)	
Date the Denial was sent to Kinship Caregiver(s)	Method of Notification (mail or email)	Address/Email Used

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 the Ohio Department of Job and Family Services (ODJFS), and _____ (the Public Children Services Agency), if applicable, hereinafter called "agency," and the kinship caregiver(s) _____ residing at _____

- This is an: Initial Agreement Amended Agreement
- Kinship Caregiver(s) has an approved Nonrecurring Agreement per rule OAC 5101:2-46-12 (please attach JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Finalization.")

ARTICLE I: GENERAL PROVISIONS

1. The kinship caregiver intends to pursue legal custody/guardianship of the child that is
 In the custody of _____ (Agency Name)
2. Name of child. _____
Date of birth _____
3. The kinship guardianship assistance agreement must be signed and dated by ODJFS, the kinship caregiver(s), public children service agency (PCSA) Director or designee, as required by rule OAC 5101:2-46-04, prior to the legal custody/guardianship. The agreement is to be effective as indicated in Article X.
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, ODJFS may then pay kinship guardianship assistance payments on behalf of the child to the kinship caregiver(s) provided 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 may be amended or terminated at any time by the mutual consent of the kinship caregiver(s) and ODJFS.
7. At any time, while the JFS 00133 is in effect, the kinship caregiver and ODJFS may agree to amend the agreement when there are newly documented circumstances of special needs of the child or circumstances of the kinship caregiver that were not previously subject to the current agreement pursuant to rule 5101:2-46-07 of the Administrative Code. By mutual agreement, amended agreements must meet all other requirements of rule 5101:2-46-04 of Administrative Code.
8. The kinship caregiver may submit a request to ODJFS through one of the following:
 - o JFS KGAP mailbox at federalkgap@jfs.ohio.gov.
 - o Bureau of Fiscal Operations, P.O. Box 183204, Columbus, Ohio 43218-3204.
 - o Helpdesk for OCF 1-866-886-3537.
9. 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.**
10. 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.

11. The kinship caregiver is to name a successor legal guardian in the agreement or in any amendments to the agreement:
 - Name of successor legal guardian _____.
 - Address _____.
 - Phone Number _____.
 - E-mail Address _____.
 - Criminal background checks completion and passing dates in accordance with rules 5101:2-46-05 and 5101:2-5-09.1 of the Administrative Code.
12. Both the kinship caregiver(s) and ODJFS are legally bound by this agreement.

ARTICLE II: OBLIGATIONS OF THE KINSHIP CAREGIVER(S)

1. The kinship caregiver(s) will
 - Notify ODJFS 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 ODJFS 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 ODJFS if private 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 ODJFS ADMINISTRATION

1. ODJFS 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. ODJFS 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.
3. ODJFS will inform the kinship caregiver(s) and the youth of the Kinship Guardianship Assistance Program Connections to Twenty-one (KGAP C21). Noting KGAP C21 is available for youth that attained the age of sixteen or seventeen on or before the KGAP agreement became effective and legal custody/guardianship was awarded.

ARTICLE IV: KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT

1. ODJFS 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 and Title IV-E kinship guardianship assistance program connections to age twenty-one (KGAP C21).
2. Reimbursement of Nonrecurring Guardianship Assistance Program (KGAP) Expenses is to allow the kinship caregiver(s) to apply for reimbursement of allowable expenses up to two thousand dollars incurred during the legal custody/guardianship process. Proof of expenditures for nonrecurring expenses incurred during the legal custody/guardianship process is to be submitted to ODJFS within one year of the court issuing an order granting legal custody/guardianship or disruption prior to the court issuing an order granting legal custody/guardianship.
3. 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 date of legal custody/guardianship 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.
3. If the child is covered by private health insurance, please note the private health insurance is primary payor and Medicaid is secondary payor of covered medical costs.

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. Title XX services are targeted to maintain or achieve economic self-support and self-sufficiency, and social services programs to preserve families.
3. The kinship caregiver(s) is to contact the county department of job and family services in which they reside for application to receive Title XX services.
4. 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).
5. 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 that determined eligibility for federal KGAP shall be responsible for securing those services. Nothing shall prohibit the kinship caregiver(s) from applying for Title XX funded social services in the county of residence, even if the services are not already specified in the kinship guardianship agreement.
6. The child will be provided the following Title XX funded social services. _____
7. ODJFS 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 ODJFS 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 eighteen. The agreement may be extended past age eighteen for a child with a physical/mental disability or medical condition with an existing Federal KGAP agreement if the child meets the requirements of rule 5101:2-46-14.
2. The agreement is subject to termination if ODJFS 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 agreement is subject to termination when it has been determined that the kinship caregiver(s) has died or become incapacitated, and a new agreement has been completed with the named successor guardian in accordance with rule 5101:2-46-09 of the Administrative Code.

ARTICLE IX: APPEAL

1. The kinship caregiver(s) may appeal any agency and/or ODJFS 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. ODJFS 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 _____
2. This agreement shall be signed, dated and in effect prior to the final order of legal custody/guardianship.
3. Payments and services shall not begin prior to the court issuing an order granting legal custody/guardianship to the kinship caregiver(s).

SIGNATURES

Kinship Caregiver Signature	Email	Date (mm/dd/yyyy)
Kinship Caregiver Signature	Email	Date (mm/dd/yyyy)
PCSA Director Signature or Designee (Initial Agreement Only)	Email	Date (mm/dd/yyyy)
ODJFS Representative Signature	Email	Date (mm/dd/yyyy)

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

The PCSA Director or Designee signature is an acknowledgment by the PCSA that the court hearing issuing an order granting legal custody/guardianship to the kinship caregiver can be held.

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

SECTION I: 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
Email Address		
SECTION II: CHILD		
Name of Child (<i>First and Last</i>)		Date of Birth (<i>mm/dd/yyyy</i>)
SECTION III: PROGRAM INFORMATION		
<p>Nonrecurring KGAP expenses are reasonable and necessary legal custody/guardianship fees, court costs, attorney fees, or other expenses directly related to the court issuing an order granting legal custody/guardianship of a child. These expenses are incurred by or on behalf of the kinship caregiver(s) and for which the kinship caregiver(s) carries the ultimate liability for payment. These expenses cannot be incurred in violation of state or federal law and cannot be matched from other federal sources of funds.</p> <p>Nonrecurring KGAP expenses may not exceed two thousand (\$2,000) for reimbursement and have to be claimed within two years from the date of legal custody/guardianship of a child. 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", if this application is approved.</p>		
SECTION IV: SIGNATURES		
Signature of Kinship Caregiver		Date
Signature of kinship Caregiver		Date

Mail or email the completed application to:

Ohio Department Job and Family Services
 Office of Families and Children
 Federal KGAP
 PO Box 183204
 Columbus, Ohio 43218-3204

OR

Email to FederalKGAP@jfs.ohio.gov

SECTION V: 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)
Date the Denial was sent to Kinship Caregiver(s)	Method of Notification (mail or email)	Address/Email Used

SECTION VI: RIGHT TO A STATE HEARING

You have a right to a state hearing 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 is to be given to applicant along with this application.

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 Ohio Department of Job and Family Services (ODJFS) and _____ and _____ 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 agree that expenses for payment or reimbursement of nonrecurring Kinship Guardian Assistance Program (KGAP) must be incurred by the kinship caregiver(s) and/or ODJFS on behalf of the kinship caregiver(s):
 - a) Prior to the court issuing an order granting legal custody/guardianship, or
 - b) A disruption prior to the court issuing an order granting legal custody/guardianship.
2. The kinship caregiver(s) and ODJFS agree 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 kinship caregiver(s) incurred the cost*).

SECTION III: SPECIFIC TERMS OF THE AGREEMENT

The kinship caregiver(s) and ODJFS agree to the following procedures for reimbursement or payment of the nonrecurring expenses of legal custody/guardianship with the understanding that total payments or reimbursement will not exceed \$2,000 and all receipts must be received by ODJFS within two years of the legal custody/guardianship finalization. Check each arrangement below which applies to this agreement.

ODJFS agrees to provide reimbursement to the kinship caregiver(s) and/or make payment(s) to service provider(s) on behalf of the kinship caregiver(s), for the following KGAP expenses:

- Court Costs for legal custody/guardianship
- Attorney Fees/Legal Expenses
- Other expenses directly related to the court issuing an order granting legal custody/guardianship of a child

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

In the event, nonrecurring expenses for the legal custody/guardianship of the 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 the agency, or which the agency has paid to a service provider in their behalf.
3. The kinship caregiver(s) agrees to submit a claim for payment or reimbursement and proof of expenditures only for those nonrecurring KGAP expenses for which they are financially responsible within two years of the legal custody/guardianship finalization or legal custody/guardianship disruption before finalization.
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 (OAC).

SECTION VI: VERIFICATION BY THE AGENCY

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 agree that payment or reimbursement for nonrecurring KGAP expenses will not exceed the total sum of \$2,000.

SECTION VII: AMENDMENT OF THE AGREEMENT

The kinship caregiver(s) and ODJFS agree that this agreement may be amended by mutual consent at any time prior to the finalization of legal custody/guardianship subject to the conditions of OAC rule 5101:2-46-07 of the Administrative Code.

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

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