

APPLICANT SIGNATURES (Note: Must be signed by all parties PRIOR to the Transfer of Guardianship in Superior Court for Juvenile Matters.)

I have received a copy of the Regulations of Connecticut State Agencies and DCF Policy regarding the Subsidized Guardianship Program.

I certify that the terms of Sections I, II, and III of this application are true and accurate to the best of my knowledge and belief. Yes No

_____ /_____/_____
Applicant (Proposed Guardian) Date

_____ /_____/_____
Applicant (Proposed Guardian) Date

DCF CERTIFICATION OF THE SUBSIDY:

A monthly financial subsidy in the amount of \$ _____, per diem, has been negotiated with the proposed guardian(s).

The child is eligible for a medical subsidy.

An exceptional expense subsidy is authorized for the amount of \$ _____.

Signatures:

Date:

Social Worker: _____ /_____/_____

Social Work Supervisor: _____ /_____/_____

Program Manager: _____ /_____/_____

Office Director : _____ /_____/_____

Subsidy Program Manager, OChYP: _____ /_____/_____

The Department of Children and Families does not agree to the following subsidy(ies) as requested by the applicant:

- Monthly
- Medical
- Exceptional Expense

Area Office Program Manager: _____ /_____/_____