

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency



Administrative Issuance: CFSA-09-02

TO: All CFSA Staff  
FROM: Winifred Wilson, Deputy Director for Community Services  
DATE: February 16, 2009  
RE: **Guardianship and Grandparent Subsidies**

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The Child and Family Services Agency (CFSA) provides guardianship and grandparent subsidies to eligible individuals who have committed themselves to the security and loving care of children who live in the District and/or are involved with the District's child welfare system. Permanent guardianship subsidies promote permanency for children by providing financial and medical assistance to their kin or godparents who are willing to care for and support the children but are unable to manage the financial burdens of child rearing. Subsidies provided to participants of the Grandparent Caregivers Pilot Program (GCPP) help maintain permanency by financially assisting the raising of children who might be living with them. As always, the safety, well-being, and permanency of children is CFSA's primary mission and obligation.

This administrative issuance provides a series of revised guidelines and procedures applicable to all annual reviews of guardianship and grandparent subsidies. All subsidies are expected to be used solely for the care and support of the child. *Continued receipt of a guardianship or grandparent subsidy is contingent upon a successful annual review process.* This issuance is effective immediately.

If you have any questions regarding this issuance, please contact the Deputy Director for Community-Based Services.

**General Considerations for the Annual Review of Guardianship and Grandparent Subsidies**

1. The Guardianship and Grandparent Subsidy Units shall complete a review once each calendar year. Each review shall determine ongoing receipt of a subsidy based upon the following criteria:
  - a. ongoing maintenance of eligibility
  - b. documentation of the child's well-being, including daycare/school enrollment and attendance forms, and/or current age-appropriate immunization records (current within the last six months)
  - c. any change of circumstances requiring possible modification or termination of a subsidy
  - d. notification of the right to appeal changes in subsidy
2. The Subsidy Units may also complete a review prior to the anniversary of the finalization or certification date in the event that there are changes in the foster care board and care payments; a review is requested by the permanent guardian or grandparent; and/or there are changes to the child's circumstances, including but not limited to possible changes in residence, or the child reaches the age of 18.

3. Subsidy Workers shall notify recipients of the upcoming annual review by sending the relevant information through regular mail. Notification shall include the applicable forms (i.e., the “Permanent Guardianship Subsidy Annual Review” form, or the “Recertification Package for Grandparent Caregivers Pilot Program Subsidy” - *see Attachments A and B respectively*). A cover letter shall outline the review process and include telephone contact information of the assigned worker, notification of the consequences for the failure to act on the Agency’s request for the annual review, and the right of appeal.
4. Subsidy Workers shall send notification at least 45 calendar days prior to the annual review date. The permanent guardian shall have 14 calendar days to acknowledge receipt of the form via telephone contact with the Subsidy Worker. *For additional details, see the [Permanent Guardianship Subsidy Policy](#).* If the permanent guardian has not responded to the initial request for completion of the relevant review form within 14 calendar days, the Subsidy Worker shall send a second letter by certified mail at least 25 calendar days prior to the review date. The second notice shall inform the permanent guardian that failure to complete the review form or to contact the Agency may result in the subsidy being delayed or terminated.
5. GPCC workers shall send out notification 60-90 days prior to the annual review date. If a GPCC worker has not heard from the grandparent within 45 days of notification, the worker shall attempt to contact the grandparent by phone and/or by regular mail up until the date of recertification. If the grandparent has not responded to the notification for subsidy review by the recertification date, the subsidy may be delayed or terminated.

### Maintenance of Eligibility Criteria

1. As defined in the relevant sections of the [Permanent Guardianship Subsidy Policy](#), the following eligibility criteria must be maintained in order for a subsidy to continue:
  - a. The child is under the age of 18.
  - b. There is documented evidence that the child remains in the financial and residential care of the permanent guardian. If the child is not in the residential care of the guardian, there must be documented evidence that the child is still under the financial care of the guardian and/or the child is attending a residential school.
  - c. There is documented evidence of the child’s well-being, including daycare/school enrollment and attendance forms, and current age-appropriate immunization records (current within the last six months).
  - d. The child is living, has not married, and/or has not enlisted in the armed forces.
  - e. The permanent guardian receiving the subsidy is still living and still recognized by the Court.
  - f. There is no additional information or documentation that would necessitate termination of the subsidy, including but not limited to changes in the above circumstances or a permanent guardian’s failure to act on the Agency’s request for annual subsidy review.

<i>Total number of people in the home</i>	<i>Total yearly household income is less than:</i>
2	\$28,000
3	\$35,200
4	\$42,400
5	\$49,600
6	\$56,800
7 or more	\$64,000

2. The following eligibility criteria must be maintained in order for a GPCC subsidy to continue:
  - a. The child receiving the subsidy is under the age of 18.
  - b. There is documented evidence that the child has remained in the financial and residential care of the subsidy program participant within the last six months or more. If the child is not in the residential care of the subsidy participant, there must be documented evidence that the child is still under the financial care of the participant and/or the child is attending a residential school.

- c. The child's parent must not be living in the same household as the GPCC participant receiving a subsidy on behalf of the child, unless the parent is a minor attending school or a minor with a medically verifiable disability which prevents normal parental care for the child. The GPCC participant must have standby guardianship of the child if the parent is in the household. Otherwise, the parent cannot have been living in the same household with the GPCC participant and child within the last six months.
- d. The GPCC participant lives in the District of Columbia.
- e. The total household income is below 200 percent of the Federal poverty level (see box).
- f. The GPCC participant has applied for Temporary Assistance to Needy Families (TANF) for the child.

### **Termination of a Permanent Guardian or Grandparent Caregiver's Subsidy**

If any of the above-cited eligibility criteria are not maintained, the Child and Family Services Agency shall have the right to terminate the subsidy. The permanent guardian or grandparent subsidy participant shall notify the Subsidy Unit within two (2) weeks of the occurrence of any change in the eligibility criteria and/or any change in address.

### **The Right to Appeal**

- 1. As indicated in the section above on General Considerations, all permanent guardians shall be notified of the right to appeal a change in subsidy.
- 2. A permanent guardian aggrieved by a decision of the Agency in connection with the denial, reduction, suspension, or termination of a subsidy, including a failure to act on a request for review, may appeal the decision through a written request for a Fair Hearing (*see Attachment C*).

*For more information, see the [Fair Hearings Policy](#).*

**ATTACHMENT A**  
GOVERNMENT OF THE DISTRICT OF COLUMBIA  
**Child and Family Services Agency**



Date \_\_\_\_\_

Dear \_\_\_\_\_

RE: Annual Guardianship Subsidy Review for \_\_\_\_\_

The Child and Family Services Agency (CFSA) is committed to providing support and resources to the participants in the Permanent Guardianship Subsidy Program. As a recipient of a permanent guardianship subsidy, you are required to participate in an annual subsidy review so that the Agency may maintain the most appropriate financial assistance for you to ensure the safety, well-being and permanency for your child. CFSA will conduct the guardianship subsidy review annually, based upon the anniversary of your permanent guardianship finalization date.

Please find enclosed the Guardianship Subsidy Annual Review Application for \_\_\_\_\_. Please read and complete the application, and provide any requested documentation about your child. It is very important that you fill out the application in its entirety. If the review form is not fully completed with the necessary documentation listed in the attached form and you have not contacted the Subsidy Worker, the subsidy may be delayed. Please realize that the information that you provide to CFSA may be used as a basis for a decision to continue, increase, reduce or discontinue the subsidy. If CFSA determines that a change to the guardianship subsidy is needed based upon the information which you have provided, the decision will be discussed with you prior to any change being made. CFSA **will not** make any changes to your child's Guardianship subsidy without your agreement.

It is required that you return the completed application(s) within 30 days, no later than \_\_\_\_\_. Please return the application to the following address:

Child and Family Services Agency  
Adoption/Guardianship Subsidy Unit  
ATTN: \_\_\_\_  
400 6<sup>th</sup> St., SW  
Washington, DC 20024

If you have any questions regarding this correspondence or about completing the form, please do not hesitate to contact me at (202) 727-\_\_\_\_\_

Thank You,

Subsidy Social Worker  
Family Resources Division

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency



*Guardianship Subsidy Annual Review*

**Directions**

*The Child and Family Services Agency conducts a review of a Guardianship Subsidy award:*

- *Annually; or*
- *Whenever CFSA has information that indicates that the:*
  - *Subsidy agreement should terminate by its own terms.*
  - *Child is eighteen (18) years of age.*
  - *Guardianship parent has died or was removed from the position.*
  - *Child dies.*
  - *Parent is no longer legally responsible for the support of the child.*
  - *Child is no longer receiving financial support from the Parent.*
  - *Child has enlisted in the military or married.*
- *Whenever changes in the foster care board and care payments or the child's age would change the Guardianship subsidy amount*
- *Whenever the Guardianship parent(s) requests a subsidy review*

*As the first step in the review, this form must be completed and signed by the recipient(s) of a guardianship subsidy.*

*The requested information must be provided concerning each recipient and the child.*

*The information provided may be used as a basis for a decision to continue, increase, reduce or discontinue the subsidy.*

**Please return the completed form to CFSA as soon as possible, but no later than \_\_\_\_\_.**

**I. Guardianship Parent - Provide the following information concerning each Guardianship parent**

1. Full name: _____					
Last	First	Middle			
a. Date of Birth:	_____				
b. Social Security Number:	_____				
c. Address:	_____				
Street	Apt.#	City	State	Zip Code	
2. Full name: _____					
Last	First	Middle			
a. Date of Birth:	_____				
b. Social Security Number:	_____				

c. Address:

Street	Apt.#	City	State	Zip Code
3. Home Phone: _____				
4. Work Phone: _____		Parent's name: _____		
_____		Parent's name : _____		
5. Cell Phone: _____		Parent's name: _____		
_____		Parent's name: _____		
6. E-mail address _____		Parent's name: _____		
_____		Parent's name: _____		

II. **Child** Provide the following information concerning the child.

1. Full name: \_\_\_\_\_  
Last First Middle

a. Date of Birth: \_\_\_\_\_

2. Is the child:

a. 18 years of age or older \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Residing outside Guardianship parent's home \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes:  
Child's address: \_\_\_\_\_  
\_\_\_\_\_

Does the Guardianship parent provide financial responsibility for the child \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Is the child attending a residential school: \_\_\_\_\_ Yes \_\_\_\_\_ No

d. Is the child married: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date and jurisdiction of marriage \_\_\_\_\_  
\_\_\_\_\_

**\*\*If yes, attach copy of marriage license\*\***

e. Has the child died: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date and jurisdiction of death \_\_\_\_\_  
\_\_\_\_\_

**\*\*If yes, attach copy of death certificate\*\***

f. Has the child enlisted in the military \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of enlistment and service \_\_\_\_\_

g. Is the child in the legal custody of another individual or institution (i.e., foster care agency, juvenile/correctional facility, \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Address: \_\_\_\_\_  
Street Apt.# City State Zip Code

4. Followed for medical treatment by:

Name of treating physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

5. Receiving mental health services from:

Name of therapist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**\*\*\*You must attach the latest evaluation (s) from the child's medical and/or mental health professionals and most current immunization records (current within the last 6 months).**

**III. School** Provide the following information concerning the child's school.

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
Street Apt.# City State Zip Code

3. Phone number: \_\_\_\_\_

4. Child's grade level: \_\_\_\_\_

5. Is the child in need of special education services: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

6. Is the child receiving special education services: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

7. Does the child have an individualized education plan (IEP) \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*If yes, attach copy of IEP\*\***

**8. You must attach a copy of the child's enrollment form and attendance records for the last six months.**

**IV. Request for a Review/Change in the Guardianship Subsidy**

1. Is the Guardianship parent(s) requesting a review of the Guardianship subsidy agreement?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

2. If yes, identify the reason for the review and state what you are requesting on behalf of the child. Please attach documentation that will support your request for a review. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\* Subsidy does not pay for educational services, tuition, tutoring or related services as these are to be covered through the public school system. Subsidy does not pay for any therapeutic services (physical, occupational, speech/language, psycho/developmental), which can be obtained through the public school system or Medicaid. Daycare services will not be paid through the subsidy. Payment for transportation services will not be included in the subsidy.*

**V. Guardianship subsidy payments on behalf of \_\_\_\_\_ are scheduled to end on \_\_\_\_\_.**

The information in this Guardianship Subsidy Review is true and correct to the best of my knowledge, information and belief.

Guardian 1 Signature

Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Guardian 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

## ATTACHMENT B

### GOVERNMENT OF THE DISTRICT OF COLUMBIA Child and Family Services Agency



### RECERTIFICATION PACKAGE FOR GRANDPARENT CAREGIVERS PILOT PROGRAM SUBSIDY

#### INSTRUCTIONS

1. Use this form to recertify for a subsidy under the Grandparent Caregivers Pilot Program. Please note you must complete all pages of the application.
2. This Application must be completed and signed by the person who is recertifying for a subsidy. Program staff is available to help people who need assistance completing the form. Please contact (202)442-6009 and schedule an appointment.
3. You must return a completed recertification package within thirty (30) days in order to continue receiving your subsidy without interruption. Complete applications can be mailed or delivered in person to the address below. **If you are delivering the application, please schedule an appointment.**
4. Use the checklist on the final page to make sure you have included all the needed documents. **DO NOT MAIL ORIGINAL DOCUMENTS.** We cannot ensure that they will be returned to you and we will not make copies and mail original documents back to you. **The only original documents you must submit are the application itself and the Child Protective Register form (if one is necessary).**

**If you submit an incomplete recertification package you will receive a letter listing what information is missing. Submitting an incomplete application may result in an interruption of service.**

**Return your completed application and all documents to:**

D.C. Child and Family Services Agency  
*Grandparent Caregivers Pilot Program*  
400 Sixth Street, S.W.  
Suite 5067  
Washington, D.C. 20024-5753

*For more information about the Grandparent Caregivers Pilot Program, call 442-6009 and ask for the Grandparent Caregivers program staff.*



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency**



**RECERTIFICATION FOR GRANDPARENT CAREGIVERS PILOT PROGRAM SUBSIDY – 2008**

**I. Applicants for Recertification- Please write your full name and provide current information.**

1. Full name: _____						
Last		First			Middle	
2. Address: _____						
Street		Apt.#	City	State	Zip Code	Ward
3. Home Phone: _____			Work Phone: _____			
4. Cell Phone: _____			E-mail address: _____			
5. Monthly income from all sources, and the source(s) of the income: _____						

**II. LIST THE CHILDREN IN YOUR HOME CURRENTLY RECEIVING THE SUBSIDY FOR WHOM YOU WOULD LIKE TO RECERTIFY. (If you wish to add a new child, you must submit a new application)**

Name (last, first, middle)	Date of Birth	Sex	Social Security Number	Monthly Income	Source of Income

**III. LIST ALL OTHER INDIVIDUALS CURRENTLY LIVING IN THE HOME. (No Exceptions)**

Name (last, first, middle)	Date of Birth	Sex	Social Security Number	Monthly Income	Source of Income

**IV. Attachments:**

**I (the applicant for recertification) have attached each of the following documents to this Application:**

1. Proof that any school-age child in my care, receiving the subsidy, is regularly attending daycare or school, including current year enrollment forms and attendance records for the last six months.
2. Proof of current immunization records (within the last six months).
3. Either the original results of criminal background checks for each adult (a person who is 18 years old or older) who resides in my home *or* completed applications for a criminal background check for each adult who resides in my home. **(Note: Criminal Background checks are now only required every TWO years. If you did them last year, you need not do them again. Any new adults living in the home, or anyone who has turned 18, must complete clearances. Failure to comply will impact your subsidy. If you aren't sure, contact us.)**
4. Completed applications for Child Protection Register checks for each adult who resides in my home. **(Note: Child Protection Register checks are now only required every TWO years. If you did them last year, you need not do them again. Any new adults living in the home, or anyone who has turned 18, must complete clearances. Failure to comply will impact your subsidy. If you aren't sure, contact us.)**
5. Proof of household income (i.e., proof of the income of every individual who resides in my house).
6. Proof that I currently reside in the District of Columbia.

**V. Attestations and Signature**

**There has been no material change in my circumstance since I was initially determined to be eligible for the subsidy. I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing paper and that the factual statements made in it are true to the best of my personal knowledge, information and belief.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

## Recertification Checklist

- All persons living in my home, 18 years of age or older have undergone an FBI background check (fingerprinting) and I have included the verification form along with a local criminal records check. **INCLUDE ORIGINAL.** *Note: these checks are now only required every two years. If you did them last year, you don't need to do them again. Any new adult living in the home, or anyone who has turned 18, must complete the clearances. If you aren't sure, call the Program Office as up-to-date clearances are required to recertify.*
  
- I have included a complete Child Protective Registry form for all persons living in my home 18 years of age or older. **INCLUDE ORIGINAL.** *Note: these checks are now only required every two years. If you did them last year, you don't need to do them again. Any new adult living in the home, or anyone who has turned 18, must complete the clearances. If you aren't sure, call the Program Office as up-to-date clearances are required to recertify.*
  
- I have included a *copy of a school report or letter from a school administrator* showing the attendance record of the school-aged children in my household receiving the subsidy.
  
- I have included income information for **ALL** individuals living in my household. *For proof of income we will only accept: a tax return no more than one year old, your three most recent pay stubs, social security, annuity or retirement statements, and W-2 forms\*. **PROVIDE COPY.***
  
- I have included proof that I currently reside in the District of Columbia.
  
- I have signed my recertification application, swearing or affirming that the contents are true to the best of my knowledge.

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**\* Please note that if you are claiming that you have no income and cannot provide one of the approved forms of proof. You can submit a sworn statement that you currently have no income.**



The Agency provides an opportunity for a Fair Hearing as a mechanism for review of certain CFSA decisions. The Agency's decisions for which a Fair Hearing may be requested are as follows:

- (a) An applicant for, or recipient of, an adoption subsidy under D.C. Code § 3-115, who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- (b) An applicant for, or recipient of, a permanent guardianship subsidy under D.C. Official Code § 4-302 who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- (c) A person identified in the Child Protection Register who appeals a finding by CFSA of abuse or neglect (Except in court cases involved in a fact-finding hearing or criminal trial);
- (d) An applicant for a foster home license or a licensed foster parent who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license;
- (e) An applicant for a license to operate a youth residential facility or independent living program, or a person who is licensed to operate a youth residential facility or independent living program who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license; and
- (f) A foster parent, where the foster child has been removed from the home.

### **YOUR APPEAL RIGHTS**

1. You have the right to a fair hearing.
2. You may be represented by legal counsel or by an individual who is not a lawyer, at your own expense or you may represent yourself. Your representative may not be a District of Columbia Government or CFSA employee (or an employee of CFSA contract agencies).
3. You have the right to be present in all proceedings to present written and oral evidence.
4. You have the right to confront and cross-examine witnesses.
5. You or your authorized representatives have the right to access and examine non-confidential records prior to any meeting or hearing
6. You have the right to an interpreter.
7. You have the right to an informal meeting. Notification of the proposed date, times and places for an informal meeting shall be provided by CFSA.

### **INSTRUCTIONS**

1. A written request for a fair hearing must be received within thirty (30) days of the date of the notice of action or intended action was sent to you (within seven (7) days for an expedited preliminary hearing request). If eligible, a Fair Hearing will be scheduled within forty-five (45) working days.
2. The written request for a fair hearing must include the date and a clear, brief statement of the grievance with factual support if appropriate and an explanation of why the proposed decision by CFSA is incorrect (see attached form). If not included, CFSA may refuse to consider the request or require re-submission of the statement before it will consider the request.
3. The written request is to be sent to the Office of Fair Hearing & Appeals, 400 Sixth Street, SW, Washington, DC 20024. You may hand-deliver the form to 955 L'Enfant Plaza, North Building, Suite P101. You may also fax the form to 202-727-5619. Call (202-724-7100) to confirm receipt of fax.