



OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

DC Child Care Subsidy Program
Child and Family Services Agency (CFSA)
Guardianship Change Form

This form is to be completed by Child and Family Services Agency (CFSA) when a child's guardianship changes and sent to the DC Department of Human Services (DHS) eligibility worker to be added to the case file and updated in the Subsidy Eligibility and Assignment (SEA) portal. This form will ensure communication for the DC Child Care Subsidy Program is going to the correct person.

This request is for:	
Child's Full Name	Date of Birth

Guardianship Information

Child's New Address: _____

Child's New Guardian: _____

Telephone Number: _____

Email Address: _____

This request is being made because (Check all that apply):

- ☐ Initial Placement in Kinship or Foster Care
- ☐ Reunified with Biological Parents
- ☐ Change in Placement in Kinship or Foster Care
- ☐ Adoption Finalized
- ☐ Aged Out
- ☐ Custody/Guardianship Awarded
- ☐ Moved to Group Home
- ☐ Other _____

CFSA Worker Signature: _____ Date: _____

OFFICE USE ONLY☐ Processed

I hereby certify that the rights and responsibilities have been discussed with the applicant and they have signed to verify their understanding.

Eligibility Worker Name Accepting this Document: _____

Signature: _____ **Date:** _____