GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency

Application for Grandparent Caregivers Program (GCP) Subsidy

Instructions

1. This application must be completed and signed by the person who is applying for a subsidy under the Grandparent Caregivers Program (GCP). CFSA staff is available to help those who need assistance to complete the form.

2. When this application uses the term "child(ren)", it means the child or children on whose behalf the applicant is applying for the subsidy.

3. Provide proof of relationship with the child by one of the following:
   - Birth certificate(s) or decree of adoption
   - Court determination of paternity
   - Acknowledgement of Paternity (AOP)
   - Child Support Agreement or Court Order
   - Proof that parents were married at time of child's conception or birth
   - Marriage certificate, proof of common law marriage, or domestic partnership
   - Divorce decree
   - DNA test results

4. Include proof that you are the child's primary caregiver by one of the following:
   - A court order, signed by a judge, granting you custody of the child; or
   - A court order, signed by a judge, granting you standby guardianship of the child, pursuant to D.C. Code §§ 16-4801–4810; or
   - A decree, signed by a judge, stating that you have adopted the child.

   If you do not have any of the above documents, you may still qualify by providing one of the following:
   - Records showing that you enrolled the child in school the most recent school year or that you are the primary educational contact for the child; or
   - Immunizations or medical records, no more than two years old, indicating that you are tending to the child's medical needs; or
   - Proof that you have received either SSI or TANF for the child for at least the last six months; or
   - A letter from any legal, medical, military, law enforcement, social service or similar professional, or your landlord describing your status in caring for the child.

     AND

   - Completing the checklist on page two of the application, stating why the parents are unable to care for the child(ren).

5. All adults (anyone 18 years or older) residing in your home must complete the clearance process which includes three checks: an FBI check, a local police clearance and a Child Protection Register Check. We conduct the entire clearance process at the CFSA office. **The adults in your home must each schedule an appointment to come to our office for fingerprinting. You can make this appointment by calling us at (202) 442-6009.** There is no cost to you for fingerprinting.

6. Included with your application packet is a "Child Protection Register Check" form. This form must be completed by each adult living in the home and is used to determine if the applicant has been accused of child abuse or neglect. This form must either be notarized or witnessed by CFSA staff. We will be happy to witness your signature when you come for fingerprinting.

7. When you have completed your application packet, please call (202) 442-6009 and make an appointment to turn in your application and documents. In most cases, this appointment will be the same day as your fingerprinting appointment.

Return your completed application and all documents to:

DC Child and Family Services Agency
Grandparent Caregivers Program
200 I Street, SE
Washington, DC 20003

NOTE: If you submit an incomplete application package you will receive a letter listing what information is missing. Failure to complete your application within 30 days of the date of that letter may result in your application being closed.

For more information about the Grandparent Caregivers Program, please review the attached Frequently Asked Questions (FAQ) or call 442-6009 and ask for the Grandparent Caregivers Program staff.

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I. Applicant - Provide the following information about yourself (the person applying for the subsidy).

Name (first, middle, last)					
Street Address (apartment #)				Ward	
City, State, Zip					
Email address					
Home Phone		Work Phone		Cell Phone	
Date of Birth		Social Security Number		Gender	☐Female ☐Male
I am the child's adult	☐Grandparent	☐Great Grandparent	☐Great-aunt	☐Great-uncle	☐Other:
Have you ever applied for this program before?	☐ Yes ☐ No				
Referred by					
Income		List the total MONTHLY income for the entire household. Include the sources (e.g., TANF, Social Security, employment, annuities, and any other money) in the tables below.			

II. Child(ren) Provide the following information concerning the child(ren) on whose behalf you are applying for the subsidy. Use additional sheets if necessary.

Name (last, first, middle)	Date of Birth	Gender	Monthly Income	Source of Income

III. Other individuals You must provide the following information for EVERY INDIVIDUAL RESIDING IN YOUR HOME other than yourself and the child(ren) for whom you are applying.

Name (last, first, middle)	Date of Birth	Gender	Monthly Income	Source of Income	Relationship to Applicant

IV. Attachments

Please ensure that you have attached each of the following documents to this application:

☐	1. Proof that I am the child's grandparent, great-grandparent, great-aunt or great-uncle (please see the above Instructions for guidance).
☐	2. Proof that I am the child's Primary Caretaker (please see the above Instructions for guidance).
☐	3. Completed applications for Child Protection Register checks for each adult who resides in my home.
☐	4. Proof that I applied for TANF benefits on behalf of the child through the District of Columbia Department of Human Services, Income Maintenance Administration.
☐	5. Proof of household income (i.e., proof of the income of every individual who resides in my house).
☐	6. Proof that I reside in the District of Columbia (e.g., your lease or a bill coming to you at your home address).
☐	7. I have also called the GCPP offices (202-442-6009) to schedule fingerprinting appointments for all adults residing in my home.

V. Attestations and Signature

1. Check all that apply:

☐	The child(ren) has/have resided with me continuously for at least the most recent six months.

AND

☐	The child's parent has not resided in my home for at least the most recent six continuous months.

OR

☐	The child's parent resides in my home and I have provided proof that I have been designated as the child's standby guardian, or that the parent is a minor enrolled in school, or that the parent is a minor with a medically verifiable disability that prevents him/her from caring for the child.

2. The parents are unable to care for the child(ren) because (check all that apply for each parent):

	Parent 1		**Parent 2**
☐	parent is deceased	☐	parent is deceased
☐	parent is incarcerated	☐	parent is incarcerated
☐	parent is seriously ill	☐	parent is seriously ill
☐	parent is on active military assignment	☐	parent is on active military assignment
☐	parent is not caring for the child because of allegations of abuse or neglect	☐	parent is not caring for the child because of allegations of abuse or neglect
☐	parent has not been involved with, has abandoned, or has voluntarily relinquished custody of the child	☐	parent has not been involved with, has abandoned, or has voluntarily relinquished custody of the child

By signing below, I solemnly swear or affirm under penalty of perjury that the statements I have made or information I have provided on and in connection with this form are true and accurate to the best of my knowledge and belief. I understand and acknowledge that if I knowingly make any statement or provide any information that is false, I will be subject to criminal penalties.

Applicant Name (Printed) _____ Applicant Signature _____ Date _____