

# GOVERNMENT OF THE DISTRICT OF COLUMBIA

Child and Family Services Agency



## APPLICATION FOR GRANDPARENT CAREGIVERS PROGRAM SUBSIDY

### 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	<input type="checkbox"/> Female <input type="checkbox"/> Male
I am the child's	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Great Grandparent	<input type="checkbox"/> Great-aunt	<input type="checkbox"/> Great-uncle	<input type="checkbox"/> Other:
Have you ever applied for this program before?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	Social Security Number	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	Sex	Social Security Number	Monthly Income	Source of Income

#### IV. Attachments

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

<input type="checkbox"/>	1. Proof that I am the child's grandparent, great-grandparent, great-aunt or great-uncle (please see the above Instructions for guidance).
<input type="checkbox"/>	2. Proof that I am the child's Primary Caretaker (please see the above Instructions for guidance).
<input type="checkbox"/>	3. Completed applications for Child Protection Register checks for each adult who resides in my home.
<input type="checkbox"/>	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.
<input type="checkbox"/>	5. Proof of household income (i.e., proof of the income of every individual who resides in my house).
<input type="checkbox"/>	6. Proof that I reside in the District of Columbia (i.e. your lease or a bill coming to you at your home address).
<input type="checkbox"/>	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:

<input type="checkbox"/>	The child(ren) has/have resided with me continuously for at least the most recent six months.
AND	
<input type="checkbox"/>	The child's parent has not resided in my home for at least the most recent six continuous months.
OR	
<input type="checkbox"/>	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
<input type="checkbox"/>	parent is deceased	<input type="checkbox"/>	parent is deceased
<input type="checkbox"/>	parent is incarcerated	<input type="checkbox"/>	parent is incarcerated
<input type="checkbox"/>	parent is seriously ill	<input type="checkbox"/>	parent is seriously ill
<input type="checkbox"/>	parent is on active military assignment	<input type="checkbox"/>	parent is on active military assignment
<input type="checkbox"/>	parent is not caring for the child because of allegations of abuse or neglect	<input type="checkbox"/>	parent is not caring for the child because of allegations of abuse or neglect
<input type="checkbox"/>	parent has not been involved, has abandoned, or has voluntarily relinquished custody of the child	<input type="checkbox"/>	parent has not been involved, has abandoned, or has voluntarily relinquished custody of the child

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 Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date