

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency



Grandparent Caregivers Program

APPLICATION FOR GRANDPARENT CAREGIVERS PROGRAM SUBSIDY

INSTRUCTIONS

1. Use this Application to apply for a subsidy under the Grandparent Caregivers Program. Please note you must complete both pages of the application.
2. This Application must be completed and signed by the person who is applying for a subsidy. CFSA staff is available to help a person who needs assistance to complete the form.
3. When this Application uses the term "child(ren)", it means the child or children on whose behalf the applicant is applying for the subsidy.
4. One of the attachments required by the application is proof that you are the child's Primary Caregiver. This can be accomplished in two ways:

The first way is to provide one of the following documents:

- 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.

Or, 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 (18 years and older) residing in your home must cooperate with our clearance process which includes three checks: an FBI check, a local police clearance and a Child Protection Registry Check. We conduct the entire clearance process at our offices. **The adults in your home must each schedule an appointment to come to our offices 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 Registry" form. This form must also be completed by each adult living in the home and is used to help rule out child abuse. This form must either be notarized or witnessed by a member of CFSA's staff. We will be happy to witness your signature when you come for fingerprinting.
7. For more information about the Grandparent Caregivers Program, please review the attached information sheet.

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 that letter may result in a denial of your application.

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:

D.C. Child and Family Services Agency
Grandparent Caregivers Program
200 I Street, S.E.
Washington, D.C. 20003

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

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I. Applicant - Provide the following information concerning yourself (the person who is applying for the subsidy).

1. Full name: _____

Last
First
Middle

Date of Birth: _____ Social Security Number: _____

Sex: _____ Female _____ Male Have you ever applied for this program before? _____ Yes _____ No

Referred by: _____

2. I am the child's: ___ Grandparent ___ Great-parent ___ Great-aunt ___ Great-uncle

3. Address: _____

Street
Apt.#
City
State
Zip Code
Ward

4. Home Phone: _____ Work Phone: _____

5. Cell Phone: _____ E-mail address: _____

6. Monthly income for the entire household and the sources of that income (include TANF, Social Security, employment income, annuities and any other money coming into your home): _____

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	Sex	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:

1. Proof that I am the child's grandparent, great-grandparent, great-aunt or great-uncle.
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 (i.e. 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. **The child(ren) has/have resided with me continuously for at least the most recent six months.**

2. **Check the one that applies:**

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 or her from caring for the child.

3. **The child(ren)'s parents are unable to care for the child(ren) because of the following (check all that apply for each parent):**

A parent is deceased

A parent is incarcerated

A parent is not caring for the child because of allegations of abuse or neglect

A parent is on active military assignment

A parent has not been involved with the child or has abandoned the child or has voluntarily relinquished custody of the child

A parent is seriously ill

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