**Nevada KinGAP Approval Checklist**

(Administrative APPROVAL must be granted prior to pursuing Nevada KinGAP)

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| **Child Information** | **Submission/Today’s Date:**  |
| Child Name: | DOB: | Child ID#: |
| Custody Date:  | IV-E Eligible Yes [ ]  No [ ]  |
| Case Name:  | Case #: |
| Caseworker:  |  | Phone: |

 **Relative Information**

|  |  |
| --- | --- |
| #1 Relative Caregiver Name: | DOB: |
| Relationship:  |
| #2 Relative Caregiver Name: | DOB: |
| Relationship: |

|  |  |  |
| --- | --- | --- |
| **Yes**[ ]  | **No**[ ]  | **Child is a sibling of a child under an existing Nevada KinGAP with this same relative.****Name of child:**  *(If this section is completed, stop form here)* |

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| --- | --- | --- |
| **Yes** [ ]  | **No** [ ]  | 1) Child entered child welfare custody pursuant to a voluntary agreement by the parent or guardian. **Summary of circumstances surrounding Voluntary Agreement and Outcome:**        |
| [ ]  | [ ]  | 2) Child entered child welfare custody pursuant to a judicial order that continuation in the home was "contrary to the welfare of the child”. **Date of Court Order**:       |
| [ ]  | [ ]  | 3) Reasonable efforts have been made to reunify the child. **Summary of Reasonable Efforts:**       |
| [ ]  | [ ]  | 4) The court found that reasonable efforts to reunify the child are not required. **Date of Court Order:**       |
| [ ]  | [ ]  | 5) Child is an Indian Child. If yes, active efforts were made on behalf of the Indian child.**Summary of Active Efforts Made:**      *If No, Item is not applicable.*  |

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| [ ]  | [ ]  | 6) All necessary steps have been taken to determine that adoption is not in the child’s best interests. **Explain all steps taken and reason relative foster parent has not chosen to pursue adoption:**       |
| [ ]  | [ ]  | 7) The relative caregiver, while licensed for a relative foster home, had placement of the child for a minimum of six consecutive months. **Date of Relative Licensure:**       **Date of Child Placement:**       |
| [ ]  | [ ]  | 8) The relative caregiver has demonstrated a strong commitment to care for the child permanently.**Evidenced by:**       |
| [ ]  | [ ]  | 9) The child demonstrates a strong attachment to the prospective guardian. **Evidenced by:**        |
| [ ]  | [ ]  | 10) The child is age 14 or older and has consented to the permanent guardianship arrangement.**Date:**       **To Whom:**       |
|  |  |  |
| Program Manager Signature |  | Date |
| Administrative Signature  |  | Date |
| **Yes**[ ]  | **No****[ ]**  | **Child is Eligible for IV-E Nevada KinGAP** | **Yes****[ ]**  | **No****[ ]**  | **Child is Eligible for General Nevada KinGAP** |