**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)* |

|  |  |  |
| --- | --- | --- |
| **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** | | | |