

## Nevada KinGAP Approval Checklist

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

**Child Information**

**Submission/Today's Date:**

Child Name:	DOB:	Child ID#:
Custody Date:	IV-E Eligible	Yes <input type="checkbox"/> No <input type="checkbox"/>
Case Name:	Case #:	
Caseworker:	Phone:	

**Proposed Guardian Information**

#1 Proposed Guardian Name:	DOB:
Relationship:	
#2 Proposed Guardian Name:	DOB:
Relationship:	

<b>Yes</b>	<b>No</b>	<b>Child is a sibling of a child under an existing Nevada KinGAP with this same Proposed Guardian.</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>(If this section is completed, stop form here)</i>

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

<input type="checkbox"/>	<input type="checkbox"/>	6) Being returned home or adopted are not appropriate permanency options for the child. <b>Explain:</b>
<input type="checkbox"/>	<input type="checkbox"/>	7) The proposed guardian, while licensed as a foster home, had placement of the child for a minimum of six consecutive months. <b>Date of Proposed Guardian Licensure:</b> _____ <b>Date of Child Placement:</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	8) The proposed guardian has demonstrated a strong commitment to care for the child permanently. <b>Evidenced by:</b>
<input type="checkbox"/>	<input type="checkbox"/>	9) The child demonstrates a strong attachment to the proposed guardian. <b>Evidenced by:</b>
<input type="checkbox"/>	<input type="checkbox"/>	10) The child is age 14 or older and has consented to the permanent guardianship arrangement. <b>Date:</b> _____ <b>To Whom:</b> _____

\_\_\_\_\_  
 Program Manager Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Administrative Signature

\_\_\_\_\_  
 Date

Yes <input type="checkbox"/> No <input type="checkbox"/> Child is Eligible for IV-E Nevada KinGAP	Yes <input type="checkbox"/> No <input type="checkbox"/> Child is Eligible for General Nevada KinGAP
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