

*Nevada Kinship Guardianship Assistance Program*  
**Successor Guardian Notification Form**

To initiate the change in guardianship and continue to receive a subsidy payment for the child, the **Successor Guardian** must provide within 10 business days from the date of the guardian's incapacitation, this completed form to the Nevada child welfare agency responsible for the child's guardianship subsidy payment.

Once completed send form to:

Clark County Department of Family Services: [dfsguardianships@clarkcountynv.gov](mailto:dfsguardianships@clarkcountynv.gov)

Washoe County Human Services Agency: 775-785-8600

Division of Child and Family Services: Contact local Office

Successor Guardian Name:		
Co-Successor Guardian Name:		
Physical Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:

Child's Legal Name:	DOB:
Former Relative Guardian's Name:	
Guardian's Incapacitation or Death Date:	
Reason for Guardian's Incapacitation:	

\_\_\_\_\_  
Successor Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Successor Guardian

\_\_\_\_\_  
Date