***KinGAP Successor Guardian***

**Initial Acknowledgement**

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| --- |
| *This form acknowledges the successor guardian’s willingness to become the guardian for the child(ren) listed below should the relative guardian become incapacitated and unable to care for the child(ren).* ***Furthermore the successor guardian acknowledges their willingness to undergo complete criminal and child abuse and neglect (CANS) background checks prior to obtaining legal guardianship in order to maintain the child(ren)’s KinGAP payment. Should the successor guardian have disqualifying criminal or CANS background history, it may prohibit legal guardianship and/or continuation of the KinGAP payment.***  |

|  |
| --- |
| 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:  | Age: | DOB: |
| Child’s Legal Name:  | Age: | DOB: |
| Child’s Legal Name:  | Age: | DOB: |
| Child’s Legal Name:  | Age: | DOB: |
| Child’s Legal Name:  | Age: | DOB: |
| Relative Guardian’s Name:  |
|  |  |
| Successor Guardian | Date |
| Successor Guardian | Date |

***KinGAP Successor Guardian***

**Initial Acknowledgement**

|  |
| --- |
| Successor Guardian Name: (print) |
| Co-Successor Guardian Name: (print) |

**CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC**

STATE OF NEVADA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) by

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name(s) of person(s)).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

Notary Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_