

KinGAP Successor Guardian Initial Acknowledgement

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:
Proposed Guardian’s Name:		

Successor Guardian _____
Date

Co – Successor Guardian _____
Date

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)).

(seal)

Signature of Notarial Officer

My Commission Expires: _____