Notification of Kinship Guardianship Assistance Program (KinGAP)

I/We, _____, understand that the Child Welfare Agency cannot predict a child's future development, personality, medical, emotional/behavioral needs or learning disabilities.

_____ initials I/We, have been informed that _____, may be eligible for KinGAP.

_____ Initials I/We have received information about KinGAP and that pending eligibility there is a subsidy and/or medical assistance available.

_____ Initials I/We have a strong commitment to caring for the above-named child on a permanent basis and have developed a loving and nurturing relationship with the above-named child.

_____ Initials I/We have been advised the Agency has determined that reunification or adoption are not viable permanency options for the above-named child.

_____ Initials I/We understand that we can opt out of KinGAP and that we can seek alternative community resources concerning our relative child on our own accord.

☐ I/We have elected to apply for KinGAP (subsidy and medical assistance) now.

☐ I/We have elected to apply for agreement only (this option would allow you to apply for a subsidy or medical assistance in the future).

☐ I/We have elected NOT to apply for KinGAP the following reasons (this would preclude you from receiving subsidy or medical assistance now or in the future):

_____

_____

_____

I/We understand that Nevada law requires that KinGAP applications and agreements be approved by the Administrator or designee **prior** to court finalization of the Guardianship.

_____ _____
Guardian Date

_____ _____
Guardian Date

_____ _____
KinGAP Specialist Date