

State of Illinois  
Department of Children and Family Services

**SUBSIDIZED GUARDIANSHIP  
ELIGIBILITY DETERMINATION**

This form is to be completed by the child's assigned worker and reviewed by the supervisor.

**I. Identifying Data**

Name on Birth Certificate: \_\_\_\_\_ Birth date: \_\_\_\_\_  
LAST FIRST MIDDLE

ID No.: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Date Child Came into Care: \_\_\_\_\_

Date of Placement with Caregiver: \_\_\_\_\_

Is the Department legally responsible for the child?  Yes  No

If yes, enter initial legal date \_\_\_ / \_\_\_ / \_\_\_ County of Jurisdiction \_\_\_\_\_

Docket # \_\_\_\_\_

Have parental rights been terminated? (Please check all that apply)	
<b>Mother:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How? <input type="checkbox"/> Involuntary Termination _____ Date <input type="checkbox"/> Voluntary Surrender _____ Date <input type="checkbox"/> Specific Consent _____ Date <input type="checkbox"/> Death _____ Date	<b>Father:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", How? <input type="checkbox"/> Involuntary Termination _____ Date <input type="checkbox"/> Voluntary Surrender _____ Date <input type="checkbox"/> Specific Consent _____ Date <input type="checkbox"/> Death _____ Date

**II. Subsidized Guardianship Eligibility Factors (Please check all factors that apply)**

- 1) Was this child removed from his/her home pursuant to a voluntary placement agreement or as a result of a judicial determination to the effect that continuation in the home would be contrary to the welfare and best interest of the child?  
 Yes  No
- 2) Was the child eligible for foster care maintenance payments while residing for at least 6 consecutive months in the home of a licensed prospective relative guardian immediately prior to the establishment of the guardianship?  
 Yes  No
- 3) Has the prospective relative guardian been a licensed foster parent for at least the consecutive 6 month period that the child has been in his/her home?  
 Yes  No
- 4) The permanency goals of return home and adoption have been ruled out for this child and documented in the case record.  
 Yes  No

**Child's Birth Name:** \_\_\_\_\_

**Guardian(s) Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

5) The child has a strong attachment to the potential guardian and the guardian has a strong commitment to the child.

Yes       No

6) With respect to a child who has attained 14 years of age, the child has been consulted and the child has agreed to the guardianship arrangement.

Yes       No       N/A

**OR**

7) The child is a sibling of an eligible child who is placed with the same relative under a kinship guardianship agreement and the Department and the relative guardian agree that the placement is appropriate.

Yes       No

**OR**

**FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP (#8 OR #9)**

8) The child is 12 years of age or older, does not qualify for subsidized guardianship under KinGAP, has lived with an unlicensed relative caregiver or licensed non-relative for at least the 6 consecutive month period prior to the establishment of the guardianship and meets the following:

- a) the child received foster care maintenance payments while residing for at least 6 consecutive months in the unlicensed home of relative or licensed non-relative home immediately prior to establishing guardianship; and
- b) the child was eligible for foster care maintenance payments while residing for at least 6 consecutive months in the licensed non-relative home immediately prior to establishing guardianship; and
- c) the prospective non-relative guardian has been a licensed foster parent for at least the consecutive 6 month period immediately prior to the establishment of the guardianship; and
- d) return home or adoption are not appropriate permanency goals for the child; and
- e) the child demonstrates a strong attachment to the prospective guardian and the prospective guardian has a strong commitment to caring permanently for the child; and
- f) the child has been consulted and has agreed to the guardianship arrangement.

Yes       No

**OR**

9) The child is a younger sibling of a child eligible for the State funded option of subsidized guardianship who is placed with the same unlicensed relative or licensed non-relative as the eligible child, when DCFS and the unlicensed relative or licensed non-relative guardian agree that the placement is appropriate;

Yes       No

Child's Birth Name: \_\_\_\_\_

Guardian(s) Name: \_\_\_\_\_

Date: \_\_\_\_\_

10) The parent(s) has consented to the subsidized guardianship arrangement.

Yes       No

11) The Department has good cause to seek a private guardian without consent and will give notice of the guardianship hearing.

Yes       No

**IF THE ANSWERS TO SECTION II. #s 1-5 ARE YES AND #6 IS YES OR N/A OR THE ANSWER TO #7 IS YES THE CHILD IS ELIGIBLE FOR SUBSIDIZED GUARDIANSHIP UNDER KINGAP; OR IF THE ANSWERS TO #8 (a) THROUGH (f) OR #9 ARE YES, THE CHILD IS ELIGIBLE FOR THE STATE FUNDED OPTION OF SUBSIDIZED GUARDIANSHIP. OTHERWISE, THE CHILD IS NOT ELIGIBLE FOR EITHER SUBSIDIZED GUARDIANSHIP PROGRAM.**

12) Is the child eligible for subsidized guardianship?       Yes       No

\_\_\_\_\_  
Signature of Worker Completing the Form      \_\_\_\_\_ Agency      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Worker Completing the Form

\_\_\_\_\_  
Signature of Supervisor      \_\_\_\_\_ Agency      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Supervisor

\_\_\_\_\_  
Signature of DCFS Adoption Supervisor/Coordinator      \_\_\_\_\_ Region      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of DCFS Adoption Supervisor/Coordinator