CSO-1266A (DRAFT-ONLY)

DEPARTMENT OF CHILD SAFETY

KINSHIP STIPEND REQUEST

The Kinship Stipend is a monthly payment of approximately $75 (per child) available to eligible kinship caregivers who have taken a child(ren) in the custody of the Department of Child Safety (DCS) into their home. Kinship caregivers includes relatives and non-relatives (aka "fictive kin"). Kinship Caregivers are encouraged to become licensed in order to receive more financial (and other) support. Once a kinship caregiver is licensed and begins receiving monthly foster home payments, the stipend will end. The stipend will also end when the child(ren) returns home or has a finalized adoption or permanent guardianship.

Am I Eligible? Kinship Caregivers are eligible **if they are not receiving** a licensed foster home payment or Adoption or Guardianship Subsidy, and their annual household income is **less than** 200% of the current Federal Poverty Level (FPL). The family size and annual household income reported on this form will be compared to the **current** published FPL guideline to determine eligibility. The chart below **is an example**, based on the 2016 FPL. **Note:** You will be notified if your household income exceeds the current threshold for your family size.

Family Size	Maximum Annual Income	Family Size	Maximum Annual Income
1 person	$23,160	4 persons	$48,600
2 persons	$32,040	5 persons	$56,880
3 persons	$40,320	6 persons	$65,160

Record your family size and annual household income in the space below. Family size includes yourself, your spouse and minor children, and the child(ren) placed by DCS in your home. Annual household income includes your income, your spouse's income, and any income received for children under age 18 in your care (i.e. social security payments, child support, etc.)

Family size:	Annual household income:

Enter the name and date of birth for each child in DCS custody claimed:

CHILD'S NAME *(PLEASE PRINT)*	DATE OF BIRTH	CHILD'S NAME *(PLEASE PRINT)*	DATE OF BIRTH
Child #1:		Child #3:	
Child #2:		Child #4:	

Sign and return this form to: DCS-Kinship Stipend Program, PO. Box 6030, S/C CH 010-22, Phoenix, AZ 85005, or by email to KinshipStipend@azdcs.gov. If you have a question about this or other kinship support available, please contact the DCS Kinship Care Specialist by phone at 602-255-2500 or via email at Kinship@azdcs.gov.

NAME OF KINSHIP CAREGIVER *(PLEASE PRINT)*	ADDRESS *(PLEASE PRINT)*	PHONE NO.
I swear under penalty of perjury that the information provided as it relates to my eligibility for benefits, is true and correct to the best of my knowledge.	SIGNATURE OF KINSHIP CAREGIVER	DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office. TTY/TDD Services: 7-1-1. • Free language assistance for Department services is available upon request.