



Permanent Guardianship Staffing Checklist

Child's Name: _____ Date of Birth: _____

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Provider Name and Provider ID: _____

1. Yes NoIs the current caregiver a licensed foster parent?
 - a. If yes, what is the date of initial licensure? _____
 - b. When does the current license expire (provide date)? _____
2. Yes NoHas the child been in the licensed placement with the current caregiver for six consecutive months and eligible to receive a foster care board payment?
3. Yes NoHas the fictive kin relationship been documented in FSFN for non-relative caregivers?
 - a. If yes, what date? _____
4. Yes NoHas the family applied or expressed interest in applying for GAP benefits?
5. Yes NoHas the GAP unit been notified of the upcoming closure hearing date?
6. Yes NoHas an application for GAP been completed by the caregiver?
 - a. If yes, what date? _____
7. Yes NoHas the Permanent Guardianship Case Plan been completed with the GAP language?
8. Yes NoHas the Guardianship Assistance Agreement been signed by all parties (caregiver, CBC/subcontractor, and DCF if requesting an enhancement)?
 - a. If so, what is the last signature date? _____

Required Signatures

Title	Name	Signature	Date (mm/dd/yyyy)
Primary Case Manager			
Case Management Supervisor			
CBC Leadership			
Guardianship Assistance Program Staff			

The signatures above are attesting to the review of this staffing form. The Permanent Guardianship Staffing Checklist must be signed by a designee of each category prior to submission to Children's Legal Services.

This Permanent Guardianship Staffing Checklist must be completed on all cases with a goal of permanent guardianship prior to case closure. The completed form must be uploaded into the case filing cabinet in FSFN. If "No" has been selected for any of the questions above, the child/family is **NOT** eligible for the Guardianship Assistance Program.