

**RELATIVE PLACEMENT AND FICTIVE KIN SUPPORT BENEFIT ACKNOWLEDGMENT
FORM**

**Cabinet for Health and Family Services
Department for Community Based Services**

Child's Name: _____ DOB: _____

(Name of Relative Caregiver)

(Street and No.) (City) (County) (State) (Zip Code)

1. The prospective and approved relative caregiver agrees to:
 - a) Provide for the child's safety and well-being, including facilitation of education and physical health care services and, when appropriate, mental health care;
 - b) Participate in a relative home evaluation, a criminal record check, and child and adult abuse or neglect check for the adult and adolescent members of the household, for potential approval as a relative caregiver by the Cabinet for Health and Family Services;
 - c) Participate in planning meetings that may involve birth parents(s);
 - d) Accept temporary custody of the child, if required;

2. The Cabinet for Health and Family Services shall:
 - a) Provide specified information about the relative placement support benefit to the prospective relative caregiver;
 - b) Offer case management services to support the relative caregiver;
 - c) Provide funding as specified in KAR 1:400 if the relative is deemed eligible and an assessed need for the child(ren) exists;
 - d) Complete a relative home evaluation, background checks on the adult and adolescent members of a prospective relative caregiver's household, and approve an applicant if appropriate;
 - e) Recommend to the court that temporary custody be granted to the approved relative caregiver;
 - f) Prepare a court report addressing permanency for the child, and request redocketing of the case to determine permanent custody by the court, per KRS 620.027 if appropriate.

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Hearing Rights

If you are dissatisfied with the action taken by the Cabinet for Health and Family Services relating to relative placement support benefit costs or supportive services, you may request a hearing in accordance with 922 KAR 1:320 by completing and submitting form, DPP-154-Protection and Permanency Service Appeal.

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I have read and understand the above information. I also understand the relative placement support benefit is not automatic, and is based on needs of the child (ren) identified by the agency during the home evaluation process. I understand that if I refuse the relative placement support benefit at this time, the funds cannot be accessed at a later date.

I have been made aware of the relative placement support benefit and I am interested in applying.

I am not interested in the relative placement support benefit.

Relative Caregiver signature

Date

Cabinet Representative Signature

Date