

Ohio Department of Job and Family Services  
**APPLICATION FOR KINSHIP PERMANENCY INCENTIVE**

Initial Application

Re-Determination

**The "Kinship Permanency Incentive" Program (KPI) is designed to promote a permanent commitment by a kinship caregiver(s) through becoming guardians and/or custodians over minor children who would otherwise be unsafe or at risk of harm if they remained in their own homes. KPI provides up to eight incentive payments to families caring for their kin.**

Social Security Number disclaimer

For KPI, the social security number will be used for tracking and administrative purposes such as: checking the identity of household members, preventing duplicate participation, and making mass changes easier. In lieu of the social security number, you may provide your twelve digit TANF identification number, if applicable.

**REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION**

- Documentation of income that is referenced in Section II
- Legal Custodian/Guardian Documentation - may be obtained from clerk of court that handled the case

<b>SECTION I: KINSHIP FAMILY INFORMATION</b>				
Name of Kinship Caregiver #1 ( <i>first and last</i> )		Name of Kinship Caregiver #2 ( <i>first and last</i> )		
Home Address, City, State, and Zip Code				
County of Residence				Telephone Number
Race/Ethnicity of Caregiver #1 <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic Origin	
Race/Ethnicity of Caregiver #2 <input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White <input type="checkbox"/> Multi-racial	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic Origin	
Education Level of Caregiver #1 <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> College Degree	<input type="checkbox"/> Grade School <input type="checkbox"/> Technical Training	<input type="checkbox"/> Middle School <input type="checkbox"/> Some College	<input type="checkbox"/> Some High School <input type="checkbox"/> Associate Degree	
Education Level of Caregiver #2 <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> College Degree	<input type="checkbox"/> Grade School <input type="checkbox"/> Technical Training	<input type="checkbox"/> Middle School <input type="checkbox"/> Some College	<input type="checkbox"/> Some High School <input type="checkbox"/> Associate Degree	
<b>Family Members (including kin child):</b>				
Name ( <i>First, Last</i> )	Relationship to Caregiver #1	Social Security Number	Date of Birth ( <i>mm/dd/yyyy</i> )	Sex
	Self			<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

**SECTION II: FINANCIAL INFORMATION**

Please enter all income before taxes and deductions for the kinship caregiver and the spouse of the kinship caregiver.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc.)	Date Last Received

Please list any child support that the kinship caregiver(s) pay out to another person.

Name of Payee	Amount Paid Out	Date of Last Payment

**SECTION III: CHILD INFORMATION**

Please list all children for whom you are applying for KPI. (Attach another sheet if necessary.)

**Child 1**

Name of Child ( <i>first, last and middle</i> )	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

**Child 2**

Name of Child ( <i>first, last and middle</i> )	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

**Child 3**

Name of Child ( <i>first, last and middle</i> )	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

<b>Child 4</b>	
Name of Child ( <i>first, last and middle</i> )	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

<b>Child 5</b>	
Name of Child ( <i>first, last and middle</i> )	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

**SECTION IV: AFFIRMATION**

I affirm that the information on this application is accurate. I understand that verification of my financial situation is required. I affirm that the financial documentation provided is true and accurate. I acknowledge that approval is contingent upon the availability of funds.

I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.

I give permission to the agency to contact any other agency for information and/or documentation regarding a previous KPI application or approval for kinship care.

I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly make a false statement when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.

Signature of Kinship Caregiver/Date	Signature of Kinship Caregiver/Date
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**Please return this application and all required documentation to your local PCSA at the following address:**

**Name of PCSA** \_\_\_\_\_

**Attention** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_