GUARDIANSHIP ASSISTANCE PROGRAM (GAP) - ANNUAL REVIEW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1831 (11-2022)

Clear Fields

Name of Child for Which Court Appointed Guardian(s)	Date of Birth	Date the GAP Agreement was Initially Entered Into
Agreement is Between the Department of Health and Human Services and		Telephone Number
Address	City	State / ZIP Code
Guardian's Email Address		
Is the child currently living with you? ☐ Yes ☐ No	Comments	
Is the child still in your care and under a current Guardianship Order? ☐ Yes ☐ No	Comments	
Are you receiving child support on behalf of the above-named child? ☐ Yes ☐ No	If Yes, Specify Amount	
Is the child still in school? ☐ Yes ☐ No	If Yes, Child's Grade	School of Attendance
If the child is currently in the 12th grade or currently receiving their GED what is the estimated date of graduation? (The Guardian(s) are responsible to provide verification of high school attendance or GED if the child is over age 18).		

CFS Use Only:

Child's Income/Assets	Amount/Value		
Checking/Savings		Guardianship Subsidy ND Daily Rate	
IRA/CD			
Stocks/Bonds		Subtract Any Other Monthly Benefit	
Real Estate			
Vehicle			
Life Insurance		Total Monthly Subsidy * Total Daily Rate	
SSI/SSA/VA Benefits			
Other			

(* Reference only - paid by daily rate)

I understand that the amount of subsidy may be adjusted based on the information I have given. I confirm that the information is true and accurate to the best of my knowledge. I continue to fulfill the responsibilities of guardianship and the GAP agreement.

Signature of Guardian	Date
Signature of Guardian	Date

CFS Use:

Provisions of Guardianship Subsidy Agreement:

☐ Approved (specify funding): ☐ Federal IV-E ☐ State Funded

☐ Denied

Denial Reason	Next Scheduled Review Date
Signature of Representative of Children & Family Services-Department of Health and Human Services	Date

DISTRIBUTION: ORIGINAL - CFS **Copies** to Guardian(s)