



STATE FUNDED GUARDIANSHIP ASSISTANCE PROGRAM (GAP) AGREEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 1832 (11-2022)

This agreement has been entered into by the State of North Dakota Department of Health and Human Services and the following Guardian(s)

Name of Guardian(s)

It is agreed and understood that the Department of Health and Human Services will provide a guardianship subsidy for the child named below who is a ward of the above-named Guardian(s).

Name of Child

This Agreement is subject to annual review requirements.

Subsidy

Designated Payee		Date Guardianship Granted	
Physical Address	City	State	ZIP Code
Mailing Address (if different)	City	State	ZIP Code
Child's Medical Insurance	Amount Per Month (Reference Only)		Amount Per Day

This guardianship subsidy will begin the date the court awards the guardianship. The guardianship subsidy is reimbursement for the child's maintenance needs.

This agreement is subject to annual reevaluation. Any payments made under the agreement will be subject to North Dakota law, regulations and/or guidelines specified by the Department of Health and Human Services. In no case shall the subsidy continue after the child reaches age 18 unless if the child is a full-time student in high school/receiving GED and has not turned 19. Documentation that the child is a full-time student must be provided to the Department for subsidy to continue. The subsidy will terminate the last day of the month the child turns 19 if the child is a full-time student in high school/ receiving GED. GAP agreement will be reviewed every 12 months.

It is the responsibility of the guardian(s) to notify the Department within thirty (30) days of a change including:

- Change in residence (family moved);
- The child graduates from high school or the equivalent;
- The child enters out-of-home placement;
- The child is under the custody of a public agency (re-enters foster care);
- The guardianship has been changed or terminated;
- The child has been awarded benefits (e.g., SSI, SSA, VA, child support);
- The child's awarded benefits have increased since initial application;
- The guardians are no longer providing care for the child; or
- The child's death.

If the said guardian dies or becomes incapacitated and is unable to care for the child, a successor legal guardian is to be named on this agreement. The successor guardian will assume responsibility for caring for the child and will receive the monthly guardianship subsidy noted on this agreement when the following criteria are met:

1. Court Appointed Legal Guardianship of the child has occurred with the successor legal guardian named in this agreement.
2. The successor legal guardian and anyone 18 years of age and older living in the home of the successor legal guardian shall complete fingerprint- based criminal background checks with no disqualifying criminal convictions.
3. The guardian and/or successor guardian will notify the Department of any changes made to the guardianship of said child within one month of occurrence and a court order naming the successor guardian of said child will be provided to the Department.

It is agreed that in the event appropriations to the Department of Health and Human Services are not obtained and continued at a level sufficient to allow for payments, this agreement will be terminated without prejudice to any obligations or liabilities of either party already accrued prior to such termination.

Signature of Guardian	Date
Signature of Guardian	Date
Signature of Successor Guardian	Date
Signature of Representative of Children & Family Services - Department of Health and Human Services	Date

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