GUARDIANSHIP ASSISTANCE PROGRAM (GAP) REQUEST

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1834 (11-2022)

Clear Fields

Custodial Case Manager/Agency			
Child's Name	Date of Birth	Sex ☐ Male ☐ Female	Eligibility Determination
Address	City	State	ZIP Code
Child in Continuous Foster Care Since	Date Guardianship Discussed at CFTM	Date of Last Permanency Hearing	
Name of Mother	Name of Father		
Status of Parental Rights - Termination of Parental Rights ☐ Yes-Attach copy of court order ☐ No	Status of Parental Rights - Termination of Parental Rights ☐ Yes-Attach copy of court order ☐ No		
Name of Prospective Guardian(s)		Telephone Number	
Address	City	State	ZIP Code
Relationship to child, i.e. foster parent(s), aunt, grandparent, identified relative, etc.			
Is/are prospective guardian(s) a resident of North Dakota? ☐ Yes ☐ No		Resident of What State	

SECTION I

Have compelling reasons been determined that filing a petition to terminate parental rights would not be in the child's best interest? ☐ Yes ☐ No		
Are foster care payments being made on behalf of the child? ☐ Yes ☐ No		
Have biological parents given consent to guardianship? ☐ Yes ☐ No		
If not, will biological parents give consent to guardianship? ☐ Yes ☐ No		
Is child covered under a medical plan? ☐ Yes ☐ No	If Yes, Source of Coverage	
Will guardian's medical insurance cover child? ☐ Yes ☐ No	If No, Source of Medical Coverage Following Guardianship	

SECTION II

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 (Reference Only - Paid on Daily Rate)	
SSI/SSA/VA Benefits*			
Other			

* Indicate if eligible but not presently receiving payment. (Income & assets will be considered when determining monthly guardianship subsidy.

Signature of Prospective Guardian	Date
Signature of Prospective Guardian	Date
Signature of Custodial Case Manager	Date
Signature of Supervisor of Custodial Agency/Human Service Zone, Tribe or Division of Juvenile Services	Date

North Dakota GAP approval remains valid for six months following the department signature date unless an extension is requested by the public agency. The applicant may appeal the denial of a federal IV-E guardianship assistance subsidy in accordance with the rules and procedures of the State's fair hearing and appeal process.

State Funded ☐ Approved ☐ Denied	
Federal IV-E (if approved for Federal IV-E the case manager must also submit SFN 1830-GAP Case Plan Requirements) ☐ Approved ☐ Denied	
Denial Reason	
Signature of Representative of Children & Family Services - Department of Health and Human Services	Date

DISTRIBUTION: ORIGINAL - CFS **Copies** to Prospective Guardian(s), Director, Custodian