GUARDIANSHIP SUBSIDY AGREEMENT - ANNUAL REVIEW

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 1831 (4-2015)

Clear Fields

Date the agreement was initially entered into:			
Agreement is between the Department of Human Services and:			Telephone Number:
Address:	City:	State:	ZIP Code:
Court Appointed Guardian(s) for:	Date of Birth:		

	YES	NO	COMMENTS
Is child currently living with you?			
Is the child still in your care & under your guardianship?			
Do you want to continue to receive subsidy for the child?			
Is the child still in school?			

Child's Income/Assets:

	Amount/Value
Checking/Savings	
IRA/CD	
Stocks/Bonds	
Real Estate	
Vehicle	
Life Insurance	
SSI/SSA/VA Benefits	
Other	

CFS Use Only:

Guardianship subsidy	
Subtract any other monthly benefit	
Total monthly subsidy *	

(* 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 subsidy agreement.

Signature of Guardian:	Date:
Signature of Guardian:	Date:

CFS Use:

Provisions of Guardianship Subsidy Agreement:

☐ Approved	Amount Per Month: (Reference Only) $	Amount Per Day: $
☐ Denied	Denial Reason:	
Next Scheduled Review Date:		
Signature By: (Children & Family Services - Department of Human Services)		Date:

DISTRIBUTION:
ORIGINAL - CFS **Copies** to Guardian(s), County Director, Regional Supervisor, Custodian