



# GUARDIANSHIP ASSISTANCE PROGRAM (GAP) REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 1834 (11-2020)

Custodial Case Manager/Agency			
Child's Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> Yes-Attach copy of court order <input type="checkbox"/> No		Status of Parental Rights - Termination of Parental Rights <input type="checkbox"/> Yes-Attach copy of court order <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are foster care payments being made on behalf of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have biological parents given consent to guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not, will biological parents give consent to guardianship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is child covered under a medical plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Source of Coverage
Will guardian's medical insurance cover child? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Federal IV-E (if approved for Federal IV-E the case manager must also submit SFN 1830-GAP Case Plan Requirements) <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Denial Reason	
Signature of Representative of Children & Family Services - Department of Human Services	Date

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