

Ohio Department of Job and Family Services
**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM (KGAP) ANNUAL
 ASSURANCE OF LEGAL RESPONSIBILITY, SCHOOL ATTENDANCE AND
 ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE**

SECTION I: CHILD INFORMATION		
Child's Name <i>(First, Middle, Last)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Kinship Caregiver's Name	Kinship Caregiver's Name	
Address	County	
City, State, Zip	Phone Number	
Are you still legally responsible for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below.		
Are you still supporting the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below.		
Does the child reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below.		
Is the child enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.		
Is the child married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.		
Is there need to amend agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.		
Has there been any newly documented special needs of the child or circumstances of the kinship caregiver(s) that were not previously subject to the current agreement pursuant to OAC rule 5101:2-46-04 if applicable <i>(Use back of form if necessary)</i>		
SECTION II: HEALTH INSURANCE COVERAGE		
Policy Holder's Name	Policy Number	
Name of Insurance	Effective Date	
Benefits Paid to <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured		
Identify any limitations/riders affecting the coverage for the child.		

SECTION III: SCHOOL ATTENDANCE REQUIREMENT		
Name of School the child is attending.	Please provide documentation of school attendance. What form of documentation is attached?	
What grade is the child currently in?	Is the child a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below.	
Detail the explanation to answer given above, if applicable (<i>Use back of form if necessary</i>).		
SECTION IV: KINSHIP CAREGIVER(S) SIGNATURE		
Kinship Caregiver's Signature	Email	Date
Kinship Caregiver's Signature	Email	Date
SECTION V: FOR AGENCY COMPLETION		
Is the child under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Kinship Caregiver(s) still legally and financially responsible for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the kinship caregiver(s) still supporting the child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Child continues to be eligible for Title IV-E KGAP assistance. (<i>Explain below</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.		
<input type="checkbox"/> The Kinship Guardianship Assistance will continue without changes. <input type="checkbox"/> The Kinship Guardianship Assistance Agreement will continue with changes as reflected on the amended agreement (<i>attach copy</i>). <input type="checkbox"/> The Kinship Guardianship Assistance will not continue due to (<i>attach written documentation of evidence to terminate if applicable</i>).		
Signature of ODJFS Representative	Email	Date (<i>mm/dd/yyyy</i>)