**Please complete the GAP Application Checklist for each child.**

* For a **guardianship assistance application**: Complete the items on p.1 of the checklist prior to sending a Guardianship Assistance application to CEU. If any item is missing, the application will not be processed and will be returned to the FCM with a copy to supervisor. Applications should not be returned to CEU until all items in the checklist have been obtained.
* For a **guardianship assistance finalization**: Complete the items on p.2 of the checklist. The finalization cannot be processed until all items have been completed.

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| Child’s Name:       | Case #:       |
| Documentation for a Guardianship Assistance Application |
| [ ]  | A completed **‘Indiana Guardianship Assistance Program Application’** that is signed and dated within 60 days of submission to CEU (found in DCS policy 14.1 at [https://www.in.gov/dcs/files/14.1%20Guardianship%20Assistance%20Program%20(GAP).pdf](https://www.in.gov/dcs/files/14.1%20Guardianship%20Assistance%20Program%20%28GAP%29.pdf) or on IARA). 1. If the date or estimated date of the guardianship hearing is known, this information should be included on page 1 of the application.
2. All questions on the application must be completed.
 |
| [ ]  | Signed **‘Explanation of Indiana Guardianship Assistance Program and Background Information’** form (found in DCS policy 14.1 at [https://www.in.gov/dcs/files/14.1%20Guardianship%20Assistance%20Program%20(GAP).pdf](https://www.in.gov/dcs/files/14.1%20Guardianship%20Assistance%20Program%20%28GAP%29.pdf) or on the IARA).  |
| [ ]  | The **case plan goal must be guardianship**. 1. Reunification or adoption cannot be a concurrent goal.
2. All of the guardianship questions in the case plan must be answered.
 |
| [ ]  | For a child under age 13:1. Documentation from the Regional Manager (RM) approving the guardianship *(all children under age 13)*
2. Documentation from a licensed physician or psychologist that the child has a physical, mental, or emotional disability *(unless the child is the sibling of a child age 13 years or older or a child eligible for GAP with the same guardianship arrangement).*
 |
| [ ]  | **Qualified Fingerprint Letters or Waiver Letter** from the DCS Central Office Background Check Unit (COBCU) on every household member 18 years of age and over that were completed for the current foster care license. | [ ]  If the prospective guardian resides in another state, submit: 1. A copy of the foster home license
2. Placement home study (or other verification of the background check results); the home study should indicate the results of the fingerprint, CPS and SOR checks *(or applicable checks required by the state in which the guardian resides).*

[ ]  NA |
| [ ]  | **Child Protective Services (CPS) checks** for all members of the guardian’s household who are 14 years of age or older that were completed for the current foster care license. If a household member has a substantiated abuse or neglect history, a waiver must be granted by COBCU.  |
| [ ]  | **Sex Offender Registry (SOR) checks** for all members of the guardian’s household who are 14 years of age or older that were completed for the current foster care license.  |
| [ ]  | All **court orders**, including the removal order should be uploaded to the applicable court hearing. |

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| The following items must be completed in MaGIK prior to submitting an application to CEU. |
| [ ]  | **All family relationships to the child are accurate:** CEU will review the child’s relationships in MaGIK, and they should correctly reflect each individual’s relationship to other individuals.  |
| [ ]  | **Household:** The child’s household in MaGIK should always reflect the household composition on the day of removal, not the child’s current placement. |
| [ ]  | **Note:** In order to be eligible for GAP or SGAP the prospective guardian(s)’s home must have been licensed for at least 6 months. The child must have been living with the prospective guardian(s) during the 6 months the home was licensed. |
| [ ]  | **Note:** The child must be a DCS ward in order to be eligible for Guardianship Assistance. |

***By signing below, you certify that you have submitted all the required documents listed and completed the necessary MaGIK screens.***

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Signature Title Date Submitted to CEU

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| --- | --- |
| Child’s Name:       | Case #:       |
| Documentation for a Guardianship Assistance Finalization |
| [ ]  | **Court order finalizing guardianship** |
| [ ]  | **Guardianship Subsidy Agreement** signed and dated by the guardian(s) and DCS |
| [ ]  | **Guardianship Finalization Hearing created in MaGIK to end date the foster care episode** |