

Ohio Department of Job and Family Services
APPLICATION FOR KINSHIP PERMANENCY INCENTIVE

Initial Application **Re-Determination**, list PCSA of initial application _____

The "Kinship Permanency Incentive" Program (KPI) is designed to promote a permanent commitment by a kinship caregiver(s) through becoming guardians and/or custodians over minor children who would otherwise be unsafe or at risk of harm if they remained in their own homes. KPI provides time-limited incentive payments to families caring for their kin.

Social Security Number disclaimer

For KPI, the social security number will be used for tracking and administrative purposes such as: checking the identity of household members, preventing duplicate participation, and making mass changes easier. In lieu of the social security number, you may provide your twelve digit TANF identification number, if applicable.

REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

- The JFS 01501 "Application for Kinship Permanency Incentive"
- Documentation of Income that is referenced in Section II
- Legal Custodian/Guardian Documentation - may be obtained from clerk of court that handled the case

Please submit a separate application for each kinship child for whom you are trying to receive KPI

SECTION I: KINSHIP FAMILY INFORMATION				
Name of Kinship Caregiver #1 (<i>first and last</i>)		Name of Kinship Caregiver #2 (<i>first and last</i>)		
Home Address, City, State, and Zip Code				
County of Residence			Telephone Number	
Race/Ethnicity of Caregiver #1 <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic Origin				
Race/Ethnicity of Caregiver #2 <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multi-racial <input type="checkbox"/> Hispanic Origin				
Education Level of Caregiver #1 <input type="checkbox"/> Grade School <input type="checkbox"/> Middle School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Technical Training <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> College Degree				
Education Level of Caregiver #2 <input type="checkbox"/> Grade School <input type="checkbox"/> Middle School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate or Equivalent <input type="checkbox"/> Technical Training <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> College Degree				
Household Members (including kin child):				
Name (<i>First, Last</i>)	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	Sex
	Self			<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION II: FINANCIAL INFORMATION

Please enter all income before taxes and deductions for the kinship caregiver, the spouse of kinship caregiver, and all of the minor children who reside in the same household.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc.)	Date Last Received

Please list any child support that the kinship caregiver(s) pay out to another person.

Name of Payee	Amount Paid Out	Date of Last Payment

SECTION III: CHILD INFORMATION

Name of Child (<i>first, last and middle</i>)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
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Race/Ethnicity of Child White Black Asian/Pacific Islander American Indian/Alaskan Native
 Multi-racial Hispanic Origin

Is Family Receiving OWF-Child Only benefits for this Child?

Yes No

Reason child is living with kinship caregiver

- Parent(s) incarcerated
- Parent(s) substance abuse and/or treatment
- Parent(s) unemployed
- Parent(s) mental health and/or treatment
- Parent(s) has a chronic illness
- Physical abuse
- Sexual abuse
- Emotional abuse
- Parent(s) death
- Child substance abuse and/or treatment
- Abandonment/Relinquishment/Dependency
- Child behavior problems
- Unruly/Delinquency
- Child's disability/Special needs
- Other _____

Relationship to caregiver

- Brother
- Cousin
- Granddaughter
- Grandson
- Half Brother
- Half Sister
- Nephew
- Niece
- Non-relative
- Sister
- Step Sister
- Step Brother
- Other _____

Was this Child ever in the Custody of a PCSA or PCPA (public or private children services agency)? Yes No

If yes, what type of custody? Agency Authority Ex Parte Temporary Commitment
 Temporary Court Order Planned Permanent Living Arrangement Voluntary Agreement for Care

