



APPLICATION FOR NONRELATIVE CAREGIVER FINANCIAL ASSISTANCE

SECTION I. IDENTIFYING INFORMATION

Nonrelative Caregiver Name: _____

Mailing Address: _____

City: _____ State: FL Zip: _____ Date of Birth: _____

Email Address: _____ Phone Number: _____

SECTION II. SIGNATURE/ ATTESTATION – APPLICANT/ NONRELATIVE CAREGIVER

I, _____, nonrelative caregiver for (child) _____ request nonrelative caregiver financial assistance to help me care for the dependent child. Without the financial assistance, I am not able to continue to care for the child long term. I understand the nonrelative caregiver financial assistance payments are provided on a first come, first served basis, until funding is no longer available. If all funding is used, I understand the nonrelative caregiver payments will be suspended. I also understand if approved for nonrelative caregiver payments, my case may be subject to an annual eligibility review.

Signature of Nonrelative Caregiver: _____ Date: _____

SECTION III. DEPENDENT CHILD (To be completed by the child welfare professional at initial application or the nonrelative caregiver at annual eligibility reassessment)

Child's Name: _____ Child's Date of Birth: _____

Does the child receive SSI? YES NO (If yes, ineligible for program)

Does the child receive SSDI or SSA survivor benefits? YES NO

If yes, how much does the child receive on a monthly basis? _____

Is the child still living in the home? YES NO If no, date child last lived in the home _____

Has the child been adopted? YES NO If yes, date child was adopted _____

Is the Nonrelative Caregiver a licensed foster home? YES NO If yes, date licensed _____

Does a related half-sibling of this child live in the home? YES NO

If yes, was the related half-sibling placed in the home by a court? YES NO

SECTION IV. PLACEMENT INFORMATION (To be completed at initial application by the child welfare professional)

Child's FSFN Id: _____ Provider Id: _____

Date Unified Home Study (UHS) was completed in FSFN:

Date court order adjudicating the child dependent:

Date of court order placing the child in care and custody of the nonrelative caregiver:

SECTION V. SIGNATURE – CHILD WELFARE PROFESSIONAL (To be completed at initial application by the child welfare professional)

I, _____, the child welfare professional for the dependent child, (child's name) _____, certify that all requirements in Section III and Section IV have been met. I further certify that all FSFN person and provider records have been updated and are complete. The dependent child is under the age of 18 and he or she was placed by the court in the care and custody of the nonrelative caregiver: _____

Date all requirements in Section III and Section IV were met: _____

Signature of Child Welfare Professional: _____ Date Signed: _____

Date Application Submitted to Office of Child Welfare: _____