

Rule Summary and Fiscal Analysis (Part A)**Department of Job and Family Services**

Agency Name

Division of Social Services

Division

Michael Lynch

Contact

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5101:2-40-04

Rule Number

AMENDMENT

TYPE of rule filing

Rule Title/Tag Line

Kinship permanency incentive (KPI) program.**RULE SUMMARY**

1. Is the rule being filed for five year review (FYR)? **No**
2. Are you proposing this rule as a result of recent legislation? **No**
3. Statute prescribing the procedure in accordance with the agency is required to adopt the rule: **119.03**
4. Statute(s) authorizing agency to adopt the rule: **5101.801, 5101.802**
5. Statute(s) the rule, as filed, amplifies or implements: **5101.801, 5101.802**
6. State the reason(s) for proposing (i.e., why are you filing,) this rule:

To update and clarify policy relating to the administration of the Kinship Permanency Incentive Program.
7. If the rule is an AMENDMENT, then summarize the changes and the content of the proposed rule; If the rule type is RESCISSION, NEW or NO CHANGE, then summarize the content of the rule:

Amendments have been made to this rule to provide clarification to program policy and implementation and to support the incorporation of the program into the statewide automated child welfare information system (SACWIS). Language has been reorganized to improve the flow of the rule. Language regarding a forty eight month time limit for eligibility has been removed from the rule. Language has been added to clarify the application process for the program and to clarify what income is excluded to determine income eligibility. Language was added to require that notices of approval or denial for the program and notice of an incomplete application shall be generated from SACWIS.

8. If the rule incorporates a text or other material by reference and the agency claims the incorporation by reference is exempt from compliance with sections 121.71 to 121.74 of the Revised Code because the text or other material is **generally available** to persons who reasonably can be expected to be affected by the rule, provide an explanation of how the text or other material is generally available to those persons:

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code (OAC). This question is not applicable to any incorporation by reference to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(3).

This rule incorporates one or more references to the Ohio Revised Code. This question is not applicable to any incorporation by reference to the Ohio Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(A)(1).

This rule incorporates one or more references to the Code of Federal Regulations (CFR). This question is not applicable to those references in this rule because such references are exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.76(B)(2).

This rule incorporates one or more dated references to an ODJFS form or forms. Each cited ODJFS form is dated and is generally available to persons affected by this rule via the inner-web at <http://innerapp.odjfs.state.oh.us/forms/inner.asp> or on the inter-net at <http://www.odjfs.state.oh.us/forms/inter.asp> in accordance with RC 121.75(E).

9. If the rule incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material electronically, provide an explanation of why filing the text or other material electronically was infeasible:

Not applicable.

10. If the rule is being **rescinded** and incorporates a text or other material by reference, and it was **infeasible** for the agency to file the text or other material, provide an explanation of why filing the text or other material was infeasible:

Not Applicable.

11. If **revising** or **refiling** this rule, identify changes made from the previously filed version of this rule; if none, please state so. If applicable, indicate each specific paragraph of the rule that has been modified:

Not Applicable.

12. Five Year Review (FYR) Date: **5/1/2019**

(If the rule is not exempt and you answered NO to question No. 1, provide the scheduled review date. If you answered YES to No. 1, the review date for this rule is the filing date.)

NOTE: If the rule is not exempt at the time of final filing, two dates are required: the current review date plus a date not to exceed 5 years from the effective date for Amended rules or a date not to exceed 5 years from the review date for No Change rules.

FISCAL ANALYSIS

13. Estimate the total amount by which *this proposed rule* would **increase / decrease** either **revenues / expenditures** for the agency during the current biennium (in dollars): Explain the net impact of the proposed changes to the budget of your agency/department.

This will have no impact on revenues or expenditures.

\$0

No impact on current budget.

14. Identify the appropriation (by line item etc.) that authorizes each expenditure necessitated by the proposed rule:

Not applicable.

15. Provide a summary of the estimated cost of compliance with the rule to all directly affected persons. When appropriate, please include the source for your

information/estimated costs, e.g. industry, CFR, internal/agency:

No new costs.

16. Does this rule have a fiscal effect on school districts, counties, townships, or municipal corporations? **No**

17. Does this rule deal with environmental protection or contain a component dealing with environmental protection as defined in R. C. 121.39? **No**

S.B. 2 (129th General Assembly) Questions

18. Has this rule been filed with the Common Sense Initiative Office pursuant to R.C. 121.82? **No**

19. Specific to this rule, answer the following:

A.) Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? **No**

B.) Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? **No**

C.) Does this rule require specific expenditures or the report of information as a condition of compliance? **No**

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

Initial Application Re-Determination

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 up to eight 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

- Documentation of income that is referenced in Section II
- Legal Custodian/Guardian Documentation - may be obtained from clerk of court that handled the case

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				
Family 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
				<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION II: FINANCIAL INFORMATION

Please enter all income before taxes and deductions for the kinship caregiver and the spouse of the kinship caregiver.

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

Please list all children for whom you are applying for KPI. (Attach another sheet if necessary.)

Child 1

Name of Child (<i>first, last and middle</i>)	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

Child 2

Name of Child (<i>first, last and middle</i>)	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

Child 3

Name of Child (<i>first, last and middle</i>)	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

Child 4	
Name of Child (<i>first, last and middle</i>)	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	
Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____	

Child 5	
Name of Child (<i>first, last and middle</i>)	Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin

SECTION IV: AFFIRMATION

I affirm that the information on this application is accurate. I understand that verification of my financial situation is required. I affirm that the financial documentation provided is true and accurate. I acknowledge that approval is contingent upon the availability of funds.

I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.

I give permission to the agency to contact any other agency for information and/or documentation regarding a previous KPI application or approval for kinship care.

I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly make a false statement when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.

Signature of Kinship Caregiver/Date	Signature of Kinship Caregiver/Date
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Please return this application and all required documentation to your local PCSA at the following address:

Name of PCSA _____

Attention _____

Address _____

City, State, Zip _____