

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-55-01

**Rule Type:** New

**Rule Title/Tagline:** Administration of kinship guardianship assistance program connections to twenty-one (KGAP C21).

**Agency Name:** Department of Job and Family Services

**Division:** Division of Social Services

**Address:** OFC- 4200 E. 5th Ave., 2nd fl. L2-01 P.O. Box 183204 Columbus OH 43218-3204

**Contact:** Michael Lynch **Phone:** 614-466-4605

**Email:** Michael.Lynch@jfs.ohio.gov

#### I. Rule Summary

1. Is this a five year rule review? No
  - A. What is the rule's five year review date?
2. Is this rule the result of recent legislation? Yes
  - A. If so, what is the bill number, General Assembly and Sponsor? HB 110 - 134 - Scott Oelslager
3. What statute is this rule being promulgated under? 119.03
4. What statute(s) grant rule writing authority? 5101.1417
5. What statute(s) does the rule implement or amplify? 5101.141, 5101.1411, 5101.1416, 5101.1417
6. Does the rule implement a federal law or rule in a manner that is more stringent or burdensome than the federal law or regulation requires? No
  - A. If so, what is the citation to the federal law or rule? Not Applicable
7. What are the reasons for proposing the rule?

This rule has been developed for the implementation of an extended federal kinship guardianship assistance program pursuant to Ohio Revised Code (ORC) 5101.1417. This rule ensures requirements for administration of the Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) are met.

- 8. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

OAC 5101:2-55-01 Administration of Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) provides guidelines for the administration of the KGAP C21 program.

- 9. Does the rule incorporate material by reference? Yes**
- 10. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to a form or a digital application into which data is entered. This question is not applicable to any incorporation by reference to forms or digital data applications because such reference is exempt from compliance with RC 121.75 to 121.74 pursuant to RC 121.75(B)(4).

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A)(2)(d).

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 121.75(A)(1)(a).

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. 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 121.75(A)(1)(d).

- 11. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

*Not Applicable*

## **II. Fiscal Analysis**

- 12. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.**

This will have no impact on revenues or expenditures.

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Not applicable.

- 13. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?**

No costs.

- 14. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No**

- 15. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No**

- 16. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.**

Not applicable.

## **III. Common Sense Initiative (CSI) Questions**

- 17. Was this rule filed with the Common Sense Initiative Office? No**

- 18. Does this rule have an adverse impact on business? No**

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

Not applicable.

- 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**

Not applicable.

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

Not applicable.

- D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

Not applicable.

**IV. Regulatory Restriction Requirements under S.B. 9. Note: This section only applies to agencies described in R.C. 121.95(A).**

19. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

- A. How many new regulatory restrictions do you propose adding to this rule?

Not Applicable

- B. How many existing regulatory restrictions do you propose removing from this rule?

Not Applicable

- C. If you are not removing existing regulatory restrictions from this rule, please list the rule number(s) from which you are removing restrictions.

Not Applicable

- D. Please justify the adoption of the new regulatory restriction(s).

Not Applicable

Ohio Department of Job and Family Services (ODJFS)

**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF ELIGIBILITY APPROVAL**

Name of Applicant(s)/Kinship Caregiver(s)		Mailing Date (mm/dd/yyyy)
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth (mm/dd/yyyy)	

It has been determined that you are eligible for the Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) program based on a completed application and submission of all required documentation that was received on .

This approval is issued pursuant to 5101:2-55-02 of the Ohio Administrative Code.

The next step in the KGAP C21 subsidy process will be to complete a Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Agreement, which is form JFS 00139.

Per 5101:2-55-02 of the Ohio Administrative Code, a KGAP C21 Agreement for subsidy is not effective until the kinship caregiver(s) and the Ohio Department of Job and Family Services' designee sign the KGAP C21 Agreement.

To expedite the new subsidy, ODJFS proposes to continue the KGAP C21 subsidy payment in the amount of \$ based on your previous KGAP Agreement. A family may not receive two Title IV-E funded subsidies at the same time. Kinship Guardianship (KGAP) payments and Medicaid coverage are currently in effect through . KGAP C21 subsidy payments can begin providing both the kinship caregiver(s) and ODJFS sign and date the KGAP C21 Agreement form by this date.

Please sign and date this form in **BLUE** ink and email to:

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

If you do not agree with this proposed KGAP C21 subsidy payment, please contact the KGAP C21 Representative to schedule a time to discuss the KGAP C21 subsidy payment further.

Per 5101:2-55-03 of the Ohio Administrative Code, we will work together to identify the needs of the kinship guardianship young adult, your family's circumstances, and consensus on a subsidy payment amount.

If you have questions regarding this decision, you may contact:

Name of KGAP C21 Representative	Date (mm/dd/yyyy)	Email
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# TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) AGREEMENT

## ASSISTANCE AGREEMENT

The following kinship guardianship assistance program connections to twenty-one (KGAP C21) agreement, hereinafter called "the agreement" has been entered into by and between the Ohio Department of Job and Family Services (ODJFS) hereinafter called "agency," and the kinship caregiver(s) \_\_\_\_\_, residing at: \_\_\_\_\_

This is an: ☐ Initial Agreement ☐ Amended Agreement Effective (mm/dd/yyyy) \_\_\_\_\_

## ARTICLE I: GENERAL PROVISIONS

1. The kinship caregiver(s) represents that he/she/they:
  - ☐ Have accepted legal placement of a child that is now a kinship guardianship young adult.
  - ☐ Are maintaining caregiver responsibility for the kinship guardianship young adult.
  - ☐ Kinship guardianship young adult has attained the age of eighteen and meets one of the following requirements:
    - ☐ Is completing secondary education or a program leading to an equivalent credential.
    - ☐ Is enrolled in an institution that provides post-secondary or vocational education.
    - ☐ Is participating in a program or activity designed to promote or remove barriers to employment.
    - ☐ Is employed for at least eighty hours per month.
    - ☐ Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.
2. The name of such kinship guardianship young adult is \_\_\_\_\_ (Young Adult Name)
3. Kinship guardianship assistance program connections to twenty-one assistance may begin no earlier than the month following the kinship guardianship young adult's eighteenth birthday. The agreement must be signed by the kinship caregiver(s) and the agency prior to the initial payment.
4. The initial agreement or any that is subsequently amended shall remain in effect regardless of the county or state in which the kinship caregiver(s) and the kinship guardianship young adult resides.
5. The agreement remains in effect as long as the kinship caregiver(s) continues to maintain caregiver responsibility for the kinship guardianship young adult's care and the young adult meets the eligibility requirements in 5101:2-55-02 of the Ohio administrative code.
6. The KGAP C21 payment shall be paid to the kinship caregiver(s) to assist the kinship caregiver(s) in maintaining the kinship guardianship young adult in the caregiver family and meeting any ongoing needs of the kinship guardianship young adult. The payment is not restricted to meeting the daily support of the kinship guardianship young adult but may be used to fund any other needs of the kinship guardianship young adult, including such services as education.
7. The agreement may be amended or terminated at any time by the mutual consent of the kinship caregiver(s) and the agency or by the agency as described in Article VII of this agreement.
8. Both the kinship caregiver(s) and agency are legally bound by this agreement.

## ARTICLE II: OBLIGATIONS OF KINSHIP CAREGIVER(S)

1. The kinship caregiver(s) will
  - Notify the agency within fifteen calendar days of a change if they are no longer maintaining caregiver responsibility for the kinship guardianship young adult's care, the caregiver relocates, the kinship guardianship young adult marries, enlists in the military, no longer meets the eligibility requirements, or dies.
  - Comply with any interstate requirements for KGAP C21 if the caregiver and young adult move to another state.
  - Notify the agency if health care insurance coverage is made available to the kinship caregiver young adult and submit the ODM 06612 "Health Insurance Information Sheet" (Rev. 11/2020).
  - Semi-annually complete and return the JFS 00142 "Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage" and JFS 00141 "Title IV-E

- Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage."
- Semi-annually submit documentation to support ongoing caregiver responsibility and kinship guardianship young adult eligibility criteria.
  - Advise the social security administration that the kinship guardianship young adult is in receipt of KGAP C21.

### **ARTICLE III: OBLIGATION OF THE ODJFS ADMINISTRATION**

1. The agency will notify the kinship caregiver(s) of changes in agency, state, or federal policy that have a potential effect on the amount of the KGAP C21 payment.
2. The agency will verify semi-annually the kinship guardianship young adult's continuing eligibility for KGAP C21. The criteria for continuing eligibility are:
  - The kinship caregiver(s) continues to maintain caregiver responsibility for the kinship guardianship young adult's care.
  - The kinship guardianship young adult continues to meet the KGAP C21 eligibility requirements.

### **ARTICLE IV: KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) PAYMENT**

1. Kinship guardianship assistance program connections to twenty-one payments in the amount of \$ \_\_\_\_\_ per month will be provided on behalf of (kinship guardianship young adult's name) \_\_\_\_\_.
2. The terms of the agreement may be amended at any time if both parties agree to the change.

### **ARTICLE V: MEDICAL CARE**

1. The kinship guardianship young adult is eligible for Medicaid benefits provided under Title XIX of the Social Security Act for as long as the agreement is in effect.
2. The kinship guardianship young adult is eligible for Medicaid benefits described in number 1. above in the state where he or she resides.

### **ARTICLE VI: TITLE XX SOCIAL SERVICES AND OTHER SERVICES**

1. The kinship guardianship young adult is eligible for Title XX funded social services as long as the agreement is in effect.
2. The kinship guardianship young adult is eligible for Title XX funded social services in the state in which he/she resides. If a needed service(s) specified in this agreement is not available in the new state of residence, the state making the original kinship guardianship payments remains financially responsible for providing the specified service(s).
3. If the kinship guardianship young adult moves to another Ohio county, the kinship guardianship young adult will be provided with Title XX funded social services in the county where they reside. If any of the Title XX funded social services specified in this agreement are not available in the county where the kinship guardianship young adult resides, ODJFS shall be responsible for securing those services. Nothing shall prohibit the kinship caregiver(s) from applying for Title XX funded social services in the county of residence, even if the services are not already specified in this agreement.
4. The kinship guardianship young adult will be provided the following Title XX funded social services:  
\_\_\_\_\_  
\_\_\_\_\_
5. The agency shall provide or secure funding for the following services, whether or not they are available through Title XX:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VII: TERMINATION**

1. The agreement is subject to termination if the agency determines:
  - The kinship caregiver(s) is no longer maintaining caregiver responsibility for the kinship guardianship young adult's care.
  - The kinship caregiver(s) dies, and no successor guardian(s) is named.
2. The agreement is subject to termination if the agency determines:
  - The kinship guardianship young adult no longer meets the eligibility requirements.
  - The kinship guardianship young adult enlists in the military.
  - The kinship guardianship young adult marries.
  - The kinship guardianship young adult dies.
3. The agreement terminates at the end of the month of the kinship guardianship young adult's twenty-first birthday.
4. Following the termination, the kinship caregiver(s) may reapply for KGAP C21 at any time prior to the kinship guardianship young adult attaining the age of twenty-one.

**ARTICLE VIII: APPEAL**

1. The kinship caregiver(s) may appeal any agency decision to deny, reduce or terminate KGAP C21 or to deny the amount of KGAP C21 payment requested by the kinship caregiver(s).
2. The agency must inform the kinship caregiver(s) in writing of any decision to deny, reduce, or terminate KGAP C21 or to deny the amount of the KGAP C21 payment requested by the kinship caregiver(s). The notice of denial must inform the kinship caregiver(s) of the right to appeal through a state hearing as well as the procedure for requesting a state hearing.
3. The kinship caregiver(s) may also appeal through a request for a state hearing in any case in which the agency fails to inform the kinship caregiver(s) about potential financial, medical, or service benefits that may be available to the kinship guardianship young adult through the KGAP C21 program.

**ARTICLE IX: EFFECTIVE DATE**

1. The agreement is effective on the date of final signature by both the kinship caregiver(s) and ODJFS unless a later date is indicated in the space below for the subsidy payment to begin.
2. Subsidy Effective Date:        /        /        OR    ☐ Not Applicable

**SIGNATURES**

Kinship Caregiver(s) Signature	Date (mm/dd/yyyy)
Kinship Caregiver(s) Signature	Date (mm/dd/yyyy)
Authorized Agency Representative's Signature	Date (mm/dd/yyyy)



Ohio Department of Job and Family Services

**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF REDETERMINATION**

Name of Applicant(s)/Kinship Caregiver(s)		Mailing Date (mm/dd/yyyy)
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth (mm/dd/yyyy)	
Date current KGAP C21 Agreement Expires (mm/dd/yyyy)	Date Forms and Documentation are Required (mm/dd/yyyy)	

It is time to redetermine eligibility for Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21). Please review this notice as it outlines the information that is required to continue your current KGAP C21 Agreement.

- ☐ Kinship Caregiver(s) must attest to and provide documentation of continued caregiver responsibility. Use enclosed form JFS 00142 and reference the enclosed Documentation Guide for documentation requirements.
- ☐ Kinship guardianship young adult must attest to continued kinship caregiver responsibility. Use enclosed form JFS 00141.
- ☐ Kinship guardianship young adult, meets and provides documentation of meeting at least one of the following program eligibility criteria:
- Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- ☐ Kinship guardianship young adult is over the age of 18, but not yet age 21 or older.

Pursuant to 5101:2-55-02 of the Ohio Administrative Code, failure to provide required forms and required documentation will result in ineligibility for continued KGAP C21 subsidy and subsequent termination.

**Please send your signed JFS 00142 and JFS 00141 forms, documentation of kinship caregiver responsibility, and documentation of continued eligibility criteria for the kinship guardianship young adult via email to:**

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

If you have questions regarding this notification, you may contact:

Name of KGAP C21 Representative	Date (mm/dd/yyyy)	Email
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# **TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) KINSHIP CAREGIVER SEMI-ANNUAL ASSURANCE OF KINSHIP CAREGIVER RESPONSIBILITY AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE**

SECTION I: KINSHIP CAREGIVER(S) INFORMATION			
Kinship Guardianship Young Adult's Name (First, Middle, Last)		Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Kinship Caregiver's Name		Kinship Caregiver's Name	
Address		Email Address	
City, State, Zip		Phone Number	
<p>Do you still maintain caregiver responsibility of the kinship guardianship young adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.</p> <p>Does the kinship guardianship young adult reside in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below.</p> <p>Is the kinship guardianship young adult enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.</p> <p>Is the kinship guardianship young adult married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.</p> <p>Is there a need to amend the agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.</p>			
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<b>Please attach documentation to support the answers above.</b>			
<p>Identify the KGAP C21 requirements the kinship guardianship young adult meets:</p> <p><input type="checkbox"/> Is completing secondary education or a program leading to an equivalent credential.</p> <p><input type="checkbox"/> Is enrolled in an institution that provides post-secondary or vocational education.</p> <p><input type="checkbox"/> Is participating in a program or activity designed to promote or remove barriers to employment.</p> <p><input type="checkbox"/> Is employed for at least eighty hours per month.</p> <p><input type="checkbox"/> Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.</p> <p><b>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent employment payment stub, letter from job training program verifying participation, written verification from a qualified professional verifying that the kinship guardianship young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</b></p>			
SECTION II: LIST ALL HEALTH INSURANCE COVERAGE			
LIST MEDICAID PROVIDER	<input type="checkbox"/> MOLINA <input type="checkbox"/> BUCKEYE	<input type="checkbox"/> CARE SOURCE <input type="checkbox"/> PARAMOUNT	<input type="checkbox"/> UNITED HEALTHCARE <input type="checkbox"/> OTHER
SECTION III: LIST ADDITIONAL INSURANCE COVERAGE			
Policy Holder's Name		Policy Number	
Name of Insurance		Effective Date (mm/dd/yyyy)	
SECTION IV: KINSHIP CAREGIVER(S) SIGNATURE			
Kinship Caregiver's Signature	Date (mm/dd/yyyy)	Kinship Caregiver's Signature	Date (mm/dd/yyyy)

**SECTION V: FOR AGENCY COMPLETION**

Is the kinship guardianship young adult under age 21?

☐ Yes☐ No

Does the kinship guardianship young adult meet one of the KGAP C21 requirements?

☐ Yes☐ No

Has the kinship caregiver provided documentation of caregiver responsibility?

☐ Yes☐ No

Is the kinship guardianship young adult enlisted in the military services?

☐ Yes☐ No

Is the kinship guardianship young adult married?

☐ Yes☐ No

Provide a detailed explanation regarding any responses to the above questions, if applicable.

☐ The KGAP C21 Agreement will continue without changes.☐ The KGAP C21 Agreement will continue with changes as reflected on the amended agreement (*attach copy*)☐ The KGAP C21 Agreement will not continue due to (*attach written documentation of evidence to terminate if applicable*)

Printed Name of Eligibility Determiner

Signature of Eligibility Determiner

Date (*mm/dd/yyyy*)

**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF TERMINATION**

Name of Kinship Guardianship Young Adult c/o Kinship Caregiver(s) Name		Mailing Date (mm/dd/yyyy)
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth (mm/dd/yyyy)	
Date of Termination (mm/dd/yyyy)		

This is a notice of your termination from Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21). Please review this notice carefully as it outlines the reason(s) for this decision. You have until \_\_\_\_\_ to request a state hearing to appeal the decision if you disagree (except when terminated because the kinship guardianship young adult has attained the age of 21). This is due to state and federal Title IV-E requirements and eligibility criteria that state a kinship guardianship young adult cannot receive these benefits after attaining the age of 21. If you submit a state hearing request by \_\_\_\_\_, then KGAP C21 benefits shall continue until a state hearing decision is issued.

**REASONS FOR TERMINATION**

- ☐ Kinship guardianship young adult is now 21 years old and no longer meets the eligibility requirements for KGAP C21.
- ☐ Kinship guardianship young adult has not maintained participation in any of the following activities and therefore is no longer eligible for KGAP C21:
- Completing secondary education (high school) or a program leading to an equivalent credential.
  - Enrolled in an institution that provides post-secondary (college) or vocation education.
  - Participating in a program that is designed to promote, or remove barriers to, employment.
  - Employed at least 80 hours in a month.
  - Incapable of completing education or employment requirements due to a physical or mental health condition.
- ☐ Kinship caregiver(s) young adult has not verified continued caregiver responsibility/support from kinship caregiver(s).
- ☐ Kinship caregiver(s) has not continued caregiver responsibility for kinship guardianship young adult and/or has not provided documentation to demonstrate continued caregiver responsibility.
- ☐ Other, as identified below:

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This notice of termination is issued pursuant to 5101:2-55-02 of the Ohio Administrative Code. You have the right to reapply if or when you meet all the eligibility requirements.

**If you have questions regarding this decision, you may contact:**

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

Name of KGAP C21 Representative	Date (mm/dd/yyyy)	Email
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Ohio Department of Job and Family Services (ODJFS)

**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) NOTICE OF CONTINUED APPROVAL**

Name of Applicant(s)/ Kinship Caregiver(s)		Mailing Date (mm/dd/yyyy)
Street Address	City, State, and Zip Code	
Kinship Guardianship Young Adult's Name	Date of Birth (mm/dd/yyyy)	

It has been determined that you continue to be eligible for the Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) program based on a completed:

- JFS 00142 Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Kinship Caregiver Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage; and
- JFS 00141 Title IV-E Kinship Guardianship Assistance Program Connections to Twenty-One (KGAP C21) Young Adult Semi-Annual Assurance of Kinship Caregiver Responsibility and Eligibility for Continued Medicaid Coverage; and
- Receipt of all required documentation that was received on .

This approval is issued pursuant to 5101:2-55-02 of the Ohio Administrative Code.

If you agree with continuing your KGAP C21 subsidy as it is currently written and signed, then you do not need to do anything further. The current monthly subsidy amount that will continue is \$ . The next redetermination is due by .

If you do not agree with continuing your KGAP C21 subsidy as it is currently written, then you must notify ODJFS within 15 calendar days of this notice to identify what changes you are requesting by contacting:

[KGAPConnectionsTo21@jfs.ohio.gov](mailto:KGAPConnectionsTo21@jfs.ohio.gov)

**If you have questions regarding this decision, you may contact:**

Name of KGAP C21 Representative	Date (mm/dd/yyyy)	Email
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**TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE (KGAP C21) APPLICATION**

Ohio Administrative Code Chapter 5101:2-55 requires that an application be completed for each child/young adult for whom kinship guardianship assistance is requested. Note: If kinship guardianship assistance program connections to twenty-one (KGAP C21) is provided on behalf of a kinship guardianship young adult who is receiving SSI, it is the responsibility of the kinship caregiver(s) to advise the social security administration. This application must be completed by the kinship caregiver(s).

**SECTION I: KINSHIP CAREGIVER(S) INFORMATION**

Name of Kinship Caregiver ( <i>first and last</i> )	Name of Kinship Caregiver ( <i>first and last</i> )	Phone Number
Address		
City, State, Zip		
Email Address		
Name of agency that you currently have a Kinship Guardianship Assistance Program (KGAP) Agreement with:		
Was the kinship young adult legally placed at age 16 or 17?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Are you legally responsible for the kinship young adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Does the kinship young adult reside in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, please explain below.
Is the kinship young adult enlisted in the military services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Is the kinship young adult married?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below.
Provide a detailed explanation, if applicable, to answers listed above.		

**SECTION II: KINSHIP GUARDIANSHIP YOUNG ADULT'S INFORMATION**

Name of Kinship Guardianship Young Adult ( <i>First, Middle, Last</i> )	Date of Birth ( <i>mm/dd/yyyy</i> )	<input type="checkbox"/> Male <input type="checkbox"/> Female
Identify the KGAP C21 requirements the kinship guardianship young adult meets:		
<input type="checkbox"/> Is completing secondary education or a program leading to an equivalent credential.		
<input type="checkbox"/> Is enrolled in an institution that provides post-secondary or vocational education.		
<input type="checkbox"/> Is participating in a program or activity designed to promote or remove barriers to employment.		
<input type="checkbox"/> Is employed for at least eighty hours per month.		
<input type="checkbox"/> Is incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.		
<b><i>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent employment payment stub, letter from job training program verifying participation, written verification from a qualified professional verifying that the kinship guardianship young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</i></b>		

**SECTION III: HEALTH INSURANCE**

If the kinship guardianship young adult is or will be covered by health, accident, or hospital insurance, complete the following:	
Policy Holder	Policy Number
Name of Insurance Company	Effective Date ( <i>mm/dd/yyyy</i> )
Benefits to be paid	
<input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured	

Identify any limitations/riders affecting the coverage for the kinship guardianship young adult.

#### SECTION IV: KINSHIP CAREGIVER SIGNATURE

Kinship Caregiver's Signature	Date (mm/dd/yyyy)	Kinship Caregiver's Signature	Date (mm/dd/yyyy)
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#### SECTION V: FOR AGENCY COMPLETION

Does the kinship young adult meet one of the KGAP C21 requirements? ☐ Yes ☐ No

Was the kinship young adult legally placed at age 16 or 17 and have a KGAP agreement? ☐ Yes ☐ No

Is the kinship caregiver(s) legally and financially responsible for the kinship young adult? ☐ Yes ☐ No

Provide a detailed explanation regarding any "No" responses to the above questions.

- ☐ The KGAP C21 Application is pending. Explain:
- ☐ The KGAP C21 Application is approved.
- ☐ The KGAP C21 Application is denied. Explain:

Printed Name of Eligibility Determiner

Signature of Eligibility Determiner	Date (mm/dd/yyyy)
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## TITLE IV-E KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM CONNECTIONS TO TWENTY-ONE

## (KGAP C21) YOUNG ADULT SEMI-ANNUAL ASSURANCE OF KINSHIP CAREGIVER RESPONSIBILITY AND ELIGIBILITY FOR CONTINUED MEDICAID COVERAGE

Kinship Guardianship Young Adult'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		Email Address	
City, State, Zip		Phone Number	
Does your kinship caregiver(s) still maintain caregiver responsibility for you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below Do you reside in your kinship caregiver home? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain below Are you enlisted in the military services? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below. Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain below.			
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<b>Please attach documentation to support the answers above.</b>			
<b>SECTION II: PROGRAM REQUIREMENTS</b>			
Identify the KGAP C21 requirements that you meet: <input type="checkbox"/> Completing secondary education or a program leading to an equivalent credential. <input type="checkbox"/> Enrolled in an institution that provides post-secondary or vocational education. <input type="checkbox"/> Participating in a program or activity designed to promote or remove barriers to employment. <input type="checkbox"/> Employed for at least eighty hours per month. <input type="checkbox"/> Incapable of doing any of the following activities described above due to a medical condition, which incapacity is supported by regularly updated information.			
<b>Please attach documentation to support the requirements marked above i.e., school or college enrollment letter, current class schedule, most recent employment payment stub, letter from job training program verifying participation, written verification from a qualified professional verifying that the kinship guardianship young adult has a medical condition that prevents them from participating in the activities above. Your application will not be processed until all required documentation is submitted.</b>			
<b>SECTION III: KINSHIP GUARDIANSHIP YOUNG ADULT SIGNATURE</b>			
Kinship Guardianship Young Adult Signature		Date ( <i>mm/dd/yyyy</i> )	
<b>SECTION IV: FOR AGENCY COMPLETION</b>			
Is the kinship guardianship young adult under age 21?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the kinship guardianship young adult meet one of the KGAP C21 requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the kinship caregiver provided documentation of caregiver responsibility?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the kinship guardianship young adult enlisted in the military services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the kinship guardianship young adult married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide a detailed explanation regarding any responses to the above questions, if applicable.			
<input type="checkbox"/> The KGAP C21 Agreement will continue without changes. <input type="checkbox"/> The KGAP C21 Agreement will continue with changes as reflected on the amended agreement ( <i>attach copy</i> ) <input type="checkbox"/> The KGAP C21 Agreement will not continue due to ( <i>attach written documentation of evidence to terminate if applicable</i> )			
Printed Name of Eligibility Determiner			
Signature of Eligibility Determiner		Date ( <i>mm/dd/yyyy</i> )	