

## Rule Summary and Fiscal Analysis

### Part A - General Questions

**Rule Number:** 5101:2-56-02

**Rule Type:** New

**Rule Title/Tagline:** Eligibility for state kinship guardianship assistance program (KGAP).

**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

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#### 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?** 5153.163, 5101.1417
5. **What statute(s) does the rule implement or amplify?** 5153.163, 5153.16
6. **What are the reasons for proposing the rule?**

This rule has been developed for the implementation of the state kinship guardianship assistance program pursuant to Ohio Revised Code (ORC) 5153.163.

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

OAC rule 5101:2-56-02 entitled Eligibility for State Kinship Guardianship Assistance Program (KGAP) details the eligibility requirements of the state KGAP program. This includes the requirements that must be met by the kinship caregiver applying for the state KGAP program and the requirements related to the child.

8. **Does the rule incorporate material by reference? Yes**
9. **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 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).

10. **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**

11. **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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Payments made under the KGAP and KGAP C21 program have been contemplated in the current agency budget and therefore would not have any additional impact on expenditures.

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

No new costs.

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

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

- 15. 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**

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

- 17. 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**

**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**

**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**

**IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))**

**18. 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?**

Not Applicable

**B. How many existing regulatory restrictions do you propose removing?**

Not Applicable

Ohio Department of Job and Family Services  
**STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM AGREEMENT**  
 (This form is used to establish State Kinship Guardianship Assistance Program payments)

**SECTION I: STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM AGREEMENT** Initial Agreement Amendment

Family has an approved Nonrecurring Agreement per rule OAC 5101:2-56-05 (*please attach JFS 00135 "Agreement for Payment or Reimbursement for Nonrecurring Expenses Incurred in a Kinship Guardianship Placement."*)

The following State Kinship Guardianship Assistance Program (KGAP) agreement has been entered into by the Ohio Department of Job and Family Services, the PCSA listed below, hereinafter called "agency," and the kinship caregiver(s) listed below, hereinafter called the "kinship caregiver(s)."

Public Children Services Agency (PCSA)

Name of Kinship caregiver

Name of Kinship caregiver

Child's Name

Child's Date of Birth

Kinship Caregiver's Street Address City, State and Zip Code

Telephone Number

**SECTION II: SUCCESSOR GUARDIAN**Name of Successor Guardian: (*first and last*)Name of Successor Guardian: (*first and last*)

Successor Guardian's Street Address, City, State and Zip Code

Telephone Number:

**SECTION III: AMOUNT AND DURATION OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM AGREEMENT**

A monthly cash payment will be paid to you in the amount of \$ \_\_\_\_\_ per month for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_. This monthly cash payment will be made on behalf of your child to help meet the costs of food, shelter, clothing and routine medical and dental care.

As outlined in rule 5101:2-56-01 of the Administrative Code, the state KGAP payment amount shall be agreed upon between the Ohio Department of Job and Family Services and the kinship caregiver(s).

The subsidy may be reduced or terminated in the event of judicial, executive or legislative action reducing the appropriation, or suspending or terminating the authority of the agency to continue the state KGAP.

**SECTION IV: RESPONSIBILITIES OF KINSHIP CAREGIVER(S)**

1. Cooperate with the agency and/or ODJFS in fulfillment of all requirements of the state KGAP program.
2. The kinship caregiver will apply for Ohio Works First (OWF) cash assistance within thirty days of the date in which the court grants the kinship caregiver(s) legal custody or guardianship of the child.
3. Responsibly administer state KGAP funds received on behalf of your child.
4. Immediately notify the agency, in writing, when any of the following apply:
  - a. You are no longer responsible for the support of your child or are no longer supporting your child
  - b. There is a substantial change in your child's needs
  - c. There is a change of address for the family
  - d. The successor guardian named in your agreement is no longer able to fulfill the responsibilities.
5. You may provide a written request at any time to terminate the subsidy payment.

**SECTION V: GENERAL PROVISIONS OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM**

1. The child must be in the custody of a PCSA or private child placing agency (PCPA).
2. The child cannot be reunified, and adoption is not a permanency option.
3. The initial state KGAP approval must be issued prior to the legal custody or guardianship judgement.
4. The approval and continuation of state KGAP is contingent upon the availability of funds.
5. State KGAP continues if the kinship caregiver(s) and child move to another county, state or country provided all eligibility requirements are still met.
6. The subsidy will also be redetermined prior to any substantial amendment of the terms and conditions of this approval.
7. At any time, the kinship caregiver(s) may request, in writing, a redetermination of state KGAP. No oral modifications shall have effect.
8. ODJFS shall respond to any written request for redetermination of state KGAP within thirty days of the request.
9. ODJFS shall provide the kinship caregiver with information concerning their right to a state hearing when the kinship caregiver does not agree with the action the agency has taken regarding the state KGAP.
10. The successor guardian is subject to completion of background checks in accordance with rules 5101:2-5-20, 5101:2-5-24, 5101:2-5-30 and 5101:2-5-09.1 of the Administrative Code.

**SECTION VI: TERMINATION OF STATE KINSHIP GUARDIANSHIP ASSISTANCE PROGRAM**

The state KGAP subsidy shall be terminated if any of the following circumstances occur:

1. The kinship caregiver fails to apply for OWF cash assistance within sixty days of the date in which the court grants the kinship caregiver(s) legal custody or guardianship of the child.
2. The death of the child or kinship caregiver.
3. The kinship caregiver is no longer financially supporting the child. Financially supporting means providing the child with shelter, food and clothing or child support.
4. The child reaches the age of eighteen. If the child is enrolled in school, payments will terminate at the end of the school year in which the child turns eighteen years of age.
5. The kinship caregiver(s) requests termination.
6. The child enlists in the military.
7. The terms of the JFS 00129 have been fulfilled.
8. The successor guardian named in the kinship caregiver's JFS 00129 "State Kinship Guardianship Assistance Program Agreement" request to enter into a new agreement due to the death or incapacitation of the kinship caregiver pursuant to rule 5101:2-56-01 of the Administrative Code.
9. The child marries.

**SECTION VII: RIGHT TO A STATE HEARING**

You have a right to a state hearing before the Ohio Department of Job and Family Services if you disagree with any actions taken regarding this agreement. For a complete explanation of your hearing rights and the hearing process, please read the JFS 04059 "Explanation of State Hearing Procedures." A copy of the JFS 04059 should be given to you along with this form.

**SECTION VIII: SIGNATURES**

Kinship caregiver's Signature	Date
Kinship caregiver's Signature	Date
Agency Director or Designee Approval	Date
ODJFS Representative Signature	Date

ACTION: Original

**APPLICATION FOR STATE KINSHIP GUARDIAN ASSISTANCE PROGRAM PAYMENTS**

**PURPOSE**

The purpose of the Application for State Kinship Guardian Assistance Program Payments (JFS 00128) is to allow kinship families who have legal custody or guardianship of a child that was previously placed in their home as a foster child to apply for financial assistance.

**SECTION I: AGENCY INFORMATION**

Name of Public Children Services Agency	Date of Application
Agency Street Address, City, State and Zip Code	Telephone Number
Name of Custodial Agency <i>(If different than above)</i>	Contact Person
Agency Street Address, City, State and Zip Code	Telephone Number

**SECTION II: KINSHIP CAREGIVER(S)**

Name of Kinship Caregiver: <i>(first and last)</i>	Name of Kinship Caregiver: <i>(first and last)</i>
Kinship Family Street Address, City, State and Zip Code	Telephone Number
Email address:	County:

**SECTION III: KINSHIP CHILD**

Child's Name: <i>(first and last)</i>	Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race of Kinship Child <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Bi-racial <input type="checkbox"/> White/Caucasian		
Ethnicity of Kinship Child <input type="checkbox"/> Hispanic/Latino		
Date of Foster Care Placement		

**SECTION IV: HEALTH INSURANCE**

If the child is or will be covered by health, accident, or hospital insurance, complete the following:		
Policy Holder	Policy Number	
Name of Insurance Company	Effective Date	
Benefits to be paid	<input type="checkbox"/> Hospital <input type="checkbox"/> Doctor <input type="checkbox"/> Person Insured	

**SECTION V: ELIGIBILITY CRITERIA**

<i>Agency use only</i>
<input type="checkbox"/> The child is not eligible for the federal kinship guardian assistance program.
<input type="checkbox"/> The child resided in the applicant's home for six consecutive months as a foster care placement.
<input type="checkbox"/> Reunification and adoption are not appropriate permanency options.
<input type="checkbox"/> The child has demonstrated a strong attachment to the applicant.
<input type="checkbox"/> If the child is fourteen or older, they were consulted regarding the kinship guardianship agreement.
<input type="checkbox"/> There is a pending court hearing where a determination will be made concerning legal custody or guardianship. Date of court hearing .

**SECTION VI: YOUR RIGHT TO A STATE HEARING**

Upon receipt of your state adoption application packet, the agency will make a determination for a State Kinship Guardian Assistance Program payment.

**If, after the agency's determination, you do not agree with the action, you have a right to a state hearing, form JFS 04059.** For a complete explanation of your hearing rights and the hearing process, please read "Explanation of State Hearing Procedures, A copy of the JFS 04059 should be given to you along with this application form.

**SECTION VII: KINSHIP CAREGIVER(S) SIGNATURE**

I affirm that the information given in this application is accurate. I understand that verification of my financial situation will be required. I affirm that the financial documentation provided is true and accurate. I acknowledge that approval is contingent upon the availability of funds. I understand that I must apply for Ohio Works First cash assistance to receive state KGAP payments.

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly falsify statements 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

# Instructions for Completing the JFS 0XXXX " State Kinship Guardian Assistance Program Payments "

## SECTION I: Agency Information

**Name of Public Children Services Agency (PCSA), Address, and Telephone Number:** Enter the agency name, address, telephone number, and agency contact person.

**Name of Custodial Agency (If different than above):** Enter the name of the agency which has permanent custody of the child.

**Address, Contact Person, and Telephone Number:** Enter the custodial agency's address, contact person, and telephone number.

## SECTION II: Kinship Caregiver(s)

**Name of Kinship Caregiver:** Enter the first and last name of the kinship Caregiver.

**Name of Kinship Caregiver:** Enter the first and last name of the kinship Caregiver.

**Kinship Family Address and Telephone Number** Enter the kinship family's address and telephone number.

**Email Address:** Email address of the applicant.

**County:** County of residence of the applicant.

## SECTION III: Kinship Child

**Child's Kinship Name:** Enter the first and last kinship name of the kinship child.

**Date of Birth:** Enter the kinship child's date of birth.

**Sex:** Enter the kinship child's gender.

**Race of Kinship Child:** Check the applicable box.

**Ethnicity of Kinship Child:** Check this box if the kinship child is of Hispanic/Latino descent

**Date of Actual or Anticipated Kinship Placement:** List the date the kinship child has been/will be placed in your home for kinship placement.

## SECTION IV: Health Insurance

**Policy Holder:** Enter name of policy holder.

**Policy Number:** Enter policy number.

**Name of Insurance Company:** Enter name of insurance company.

**Effective Date:** Enter date that child is eligible for coverage.

**Benefits to be paid:** Check boxes for which child is eligible for coverage.

**If you need to apply for Medicaid for this child, please complete the Application For Cash, Food, Or Medical Assistance (JFS 7200) and check all the all the benefit boxes.**

## SECTION V: Eligibility Criteria (for agency use only)

Confirm that child meets all the eligibility requirements. This would include documentation of relationship with caregiver and required documentation within the case plan.

## SECTION VI: Your Right to a State Hearing

This section informs you of your right to request a state hearing if you do not agree with the decision made by the agency.

## SECTION VII: Kinship Caregiver(s) Signature

This is a written statement which confirms the information given in this application is accurate and acknowledges you are aware that you will be required to provide verification of your financial situation.

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