

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**APPLICATION FOR THE KINSHIP GUARDIANSHIP ASSISTANCE  
AND NONRECURRING GUARDIANSHIP  
EXPENSES PROGRAMS (KINGAP)**

KinGAP is a New York State benefit program to help support a child after final discharge from foster care to a relative guardian.

**An application cannot be submitted until**

- the prospective relative guardian has been the child's fully certified or fully approved foster parent(s) for at least six consecutive months; **AND**
- the fact finding of abuse or neglect has been completed, **AND** the child's initial permanency hearing has been completed for a child who was placed into foster care as an abused or neglected child (*pursuant to Article 10 of the Family Court Act*) **OR** due to being a destitute child (*Article 10-C of the Family Court Act*); **OR** the child's initial permanency hearing has been completed for any other child in foster care.

In addition, this program is available where the child's permanency goal is not return to parent(s) or adoption; and the social services district with custody or guardianship of the child has determined that the kinship guardianship arrangement is in the best interests of the child.

This is only an application.\* **If your application is approved, you must enter into a signed agreement** with the social services district that currently has custody or guardianship of the child in order to receive kinship guardianship assistance payments.\*\*

\*Please review the booklet "***Know Your Permanency Options: The Kinship Guardianship Assistance Program (KinGAP)***." Pay special attention to the Comparison Chart included at the end of the booklet. Consult your caseworker with any question you may have.

\*\* The social services district must make a decision on a completed application within 30 days of your submission of a completed application. If no decision is made in that time frame, you are entitled to a fair hearing. Attached to this application is information on how to request a fair hearing.

**PART 1: [To be completed by the prospective relative guardian(s)]**

1. I am (We are) applying for the Kinship Guardianship Assistance and Nonrecurring Guardianship Expenses Programs for \_\_\_\_\_ / /  
(child's name) (child's date of birth).

2. I am (We are) related to the child by blood, marriage, or adoption, as the child's \_\_\_\_\_ ; **OR**  
(relationship)

I am (We are) the prospective or appointed relative guardian of a half sibling of the child, and are related to such half sibling of the child by blood, marriage, or adoption as such half sibling's \_\_\_\_\_ ; **OR**  
(relationship)

I (We) had a positive relationship to the child prior to the child's current foster care placement, as the child's \_\_\_\_\_  
(relationship; i.e., stepparent, godparent, neighbor, family friend)

3. I (We) agree to permanently care for \_\_\_\_\_  
(child's name)  
until he/she is grown to adulthood.

4. I (We) understand that the child will be consulted about this arrangement if the child is age 14 or over and may be consulted if the child is younger than 14. I (We) understand a youth age 18 or over must consent to this arrangement.

5. I am (We are) interested in applying for KinGAP for the following siblings of \_\_\_\_\_ who are also in foster care:  
(child's name)

Name: _____	DOB: / /
Name: _____	DOB: / /
Name: _____	DOB: / /
Name: _____	DOB: / /

**Make a separate application for each sibling.**

**Signature(s):**

**Prospective Relative Guardian Applicant 1.** \_\_\_\_\_

**Prospective Relative Guardian Applicant 2.** \_\_\_\_\_

**Youth (if age 18 or over)** \_\_\_\_\_

(By signing this application, I consent to a kinship guardianship arrangement with the prospective relative guardian(s) who signed above.)

**Date of Application:** \_\_\_\_\_ / /

**PART 2: [To be completed by the social services district that has custody or guardianship of the child; OR when authorized by the social services district that has custody or guardianship of the child, the voluntary agency that certified or approved the foster parent(s) making application.]**

**1. Approval / Certification Status**

The most recent approval letter was issued for \_\_\_\_\_  
(name of prospective relative guardian(s))  
 on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_  
(date) (agency name)

**OR**

The most recent certificate to board was issued for \_\_\_\_\_  
(name of prospective relative guardian(s))  
 on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_  
(date) (agency name)

**AND**

if the above date is less than six months from the date of this application,

The approval letter prior to the most recent approval was issued for \_\_\_\_\_  
(name of prospective relative guardian(s))  
 on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_  
(date) (agency name)

**OR**

The certificate to board prior to the most recent certification was issued for \_\_\_\_\_  
(name of prospective relative guardian(s))  
 on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_  
(date) (agency name)

**[Do not record dates of emergency approval or emergency certification.]**

The approval or certification has **not** lapsed, been revoked, surrendered, or not renewed during the most recent six months of foster care provided to the child by the foster parent(s).

**2. Time Period Child Placed With Prospective Relative Guardian**

\_\_\_\_\_ has been in foster care with  
(name of child)  
 \_\_\_\_\_ for at least six consecutive months  
(name of prospective relative guardian(s))  
 prior to the date of this application, during which time the prospective relative guardian(s) was fully approved or certified during that entire period.  
 Date of placement with prospective relative guardian(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(date)

**3. First Permanency Hearing**

The child's first permanency hearing has been completed.  
 Date of completion \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(date)



**Information Regarding Fair Hearings**

If the social services district has not made a decision within 30 days of the submission of a complete application, you have a right to request a fair hearing. If you request a fair hearing, the state will send you a notice informing you of the time and place of the hearing. If you choose to pursue a fair hearing, you have the right to be represented by counsel or a relative, a friend or other person, or to represent yourself, to produce witnesses and other evidence on your behalf, to cross-examine all witnesses against you, and to examine all evidence against you.

**LEGAL ASSISTANCE:** If you choose to be represented by counsel at the hearing, it is your responsibility to obtain an attorney. An attorney will not be appointed for you for the purpose of the fair hearing. If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers."

At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents that may be helpful in presenting your case.

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to have access to the documentation the social services district intends to present at the fair hearing. To ask for documents, call or write to the social services district to which you applied.

**Please send your written request for a fair hearing to the following address:**

New York State Office of Children and Family Services  
Bureau of Special Hearings  
52 Washington Street, North Building  
Rensselaer, New York 12144-2796

**In your written request, you must state the reason for requesting a fair hearing.**

If you will require a language interpreter at the fair hearing, state in your letter requesting a fair hearing that you need a language interpreter, and identify the language needed to be interpreted.

