



STATE OF CONNECTICUT

PAUL J. KNIERIM
Probate Court Administrator

HELEN B. BENNET
Chief Counsel

HEATHER L. DOSTALER
Attorney

OFFICE OF THE
PROBATE COURT ADMINISTRATOR

186 NEWINGTON ROAD
WEST HARTFORD, CT 06110

TEL (860) 231-2442

FAX (860) 231-1055

ctprobate.gov

PROBATE COURT-APPOINTED GUARDIANS, please return the completed applications with the information specified below or the applications WILL BE RETURNED TO YOU.

- _____ Completed Kinship/Respite applications. Be sure to include FULL NAMES and CURRENT ADDRESS and SIGN the applications
- _____ Completed fee waiver form, including the total number of household members. If employed, include copies of two latest paychecks stubs.
- _____ Signed guardian's affirmation (*Children's names go on the lines next to "RE:"*)
- _____ A COPY (NO ORIGINALS) of the MOST RECENT Probate Court decree.
- _____ A COPY of Photo identification such as a driver's license or Department of Motor Vehicles-issued photo identification card.

SUPERIOR COURT FOR JUVENILE MATTERS-APPOINTED GUARDIANS, please return the completed applications with the information specified below or the applications WILL BE RETURNED TO YOU.

- _____ Completed kinship and respite applications. Please be sure to include FULL NAMES and CURRENT ADDRESS and SIGN the applications
- _____ Completed fee waiver form, including the total number of household members
- _____ Signed guardian's affirmation
- _____ A COPY of the guardianship decree from Superior Court with a date stamp from the Superior Court Clerk current within 30 days
- _____ A COPY of Photo identification such as a driver's license or Department of Motor Vehicles-issued photo identification
- _____ A statement from DCF's area office confirming that the guardian is not receiving a DCF subsidy.
If the guardian is receiving a DCF subsidy, the guardian will not be eligible for the grants.

Send completed applications and supporting documentation to:

By mail:
Kinship and Respite Application Review Team
State of Connecticut Office of the Probate Court Administrator
186 Newington Road
West Hartford, CT 06110

By fax:
(860) 231-1055

Questions: (860) 231-2442

Notice to Guardians Kinship & Family Respite Grants

As a court-appointed guardian, you may be eligible to receive money from the Kinship Fund and Family Respite Fund Programs.

The **Kinship Fund** makes grants to guardians in the amount of \$500 per child per year, up to a maximum \$2,000 per family. Grants must be used for the child or children for the following purposes:

- Health (eyeglasses, dental care, hearing improvement treatment)
- Enrichment (school field trips, clubs, or athletic fees, athletic equipment, educational classes or tutoring, art supplies, materials for creative tasks, books)
- Development (clothing for social functions that mark developmental milestones, photographs or other memorabilia)
- Basic needs (school clothes and supplies, coats, hats, mittens, boots, shoes or similar items)

The **Respite Fund** makes grants up to \$2,000 per year to guardians for respite. Guardians may use respite grants for the following purposes for children under their care:

- Housing (rent, mortgage interest, property taxes, maintenance, insurance)
- Food (groceries, school meals, restaurants)
- Transportation (public transportation and car purchase and financing costs, insurance, gasoline, maintenance)
- Clothing and personal care items
- Education (tuition, books, supplies, uniforms, lessons, driver education classes)
- Child care (day care tuition, baby-sitting, summer camp, vacations, entertainment, recreational equipment, reading material)
- Spending allowances

ELIGIBILITY

To be eligible for a Kinship or Family Respite Fund Grant, a guardian must meet all of the following requirements:

- Serves as a guardian for a minor child as the result of an appointment by the Probate Court or Superior Court for Juvenile Matters;
- Qualifies at the time of the grant petition for a Probate Court fee waiver or is determined by a probate judge to be in need;
- Is not receiving a subsidy or other benefit from DCF; and
- Has submitted a grant application together with all required documentation.

Grant amounts are determined by the probate judge and may vary depending upon available funding. A guardian may apply for grants each year, provided that all eligibility requirements continue to be met. Petitions are available at a Probate Court or online at www.ctprobate.gov.

APPLICATION FOR KINSHIP AND/OR FAMILY RESPITE FUNDS

SECTION ONE: APPLICANT

Name: _____

Address: _____

(Street, Apt no.)

(City, State, Zip Code)

Phone #: _____

Home

Mobile

Work

SECTION TWO: CHILDREN IN YOUR CARE AS A RESULT OF A COURT ORDER

1. Name: _____ Date of Birth: _____

Your Relationship to Minor: _____ Does child live with you? ☐ Yes ☐ No

Legal Standing: ☐ Guardian ☐ Temporary Custodian Date Appointed: _____

2. Name: _____ Date of Birth: _____

Your Relationship to Minor: _____ Does child live with you? ☐ Yes ☐ No

Legal Standing: ☐ Guardian ☐ Temporary Custodian Date Appointed: _____

3. Name: _____ Date of Birth: _____

Your Relationship to Minor: _____ Does child live with you? ☐ Yes ☐ No

Legal Standing: ☐ Guardian ☐ Temporary Custodian Date Appointed: _____

4. Name: _____ Date of Birth: _____

Your Relationship to Minor: _____ Does child live with you? ☐ Yes ☐ No

Legal Standing: ☐ Guardian ☐ Temporary Custodian Date Appointed: _____

5. Name: _____ Date of Birth: _____

Your Relationship to Minor: _____ Does child live with you? ☐ Yes ☐ No

Legal Standing: ☐ Guardian ☐ Temporary Custodian Date Appointed: _____

SECTION THREE: FUNDS REQUESTED

1. For which program are you applying and how much are you requesting?

(You may check both if you believe you are eligible.)

☐ Kinship \$ _____

☐ Family Respite \$ _____

2. How will you use the funds? Please describe any particular projects, services, or items for which you plan to use this money.

3. How will these funds, services, or activities help to improve the child/children's quality of life, health and/or well-being? Please describe the ways in which the child will benefit.

4. Do you currently receive funds from the Department of Children and Families? If yes, please explain on an additional sheet of paper.

☐ NO

☐ YES

By signing below, I agree to use the funds for the purposes approved by the judge and according to the rules of the program(s) from which I receive benefits. I will submit receipts from purchases as required.

Applicant's Signature

Date

How would you like to access your funds?*

- ☐ Pick-up at the Court: You will be contacted when the check is available, and you will be told where to go for pick-up.
☐ By Mail: When your check is ready, the court will send it to you in the mail.

*Funds being issued to a specific agency or program will be mailed directly to that agency or program.

SECTION FOUR: AUTHORIZATION (FOR COURT USE ONLY)

Funds Approved: \$ _____ kinship
\$ _____ respite

Total YTD: \$ _____
Total YTD: \$ _____

Purpose Approved: ☐ Yes ☐ No

Specific Purpose(s) approved: _____

Judge

Date

**STATE OF CONNECTICUT
COURT OF PROBATE**

To: Court of Probate, District of _____ District No. _____

Re: _____
(Name of Child)

(Name of Child)

(Name of Child)

GUARDIAN'S AFFIRMATION

I affirm that I am presently the guardian of the minor child(ren)/youth named above. I intend to continue as the guardian of the child(ren)/youth. No other person has physical custody or claims to have custody with respect to the child(ren)/youth and there is no proceeding pending in any other court regarding the child(ren)/youth.

Guardian: _____
(Signature required)

Date: _____

DO NOT RECORD

RECEIVED:



- Instructions:**
- 1) A petitioner in a probate matter may use this form to establish that he or she is indigent and unable to pay probate fees and expenses for which the petitioner may be responsible.
 - 2) The request for waiver of fees must be accompanied by documentation substantiating the petitioner's reported assets and income and the reported assets and income of members of the petitioner's household. For example, pay stubs from employment and evidence of public assistance are required.
 - 3) There is a rebuttable presumption that the petitioner is indigent if (1) he or she receives public assistance OR (2) the annual income of the petitioner's household is 125% or less of the federal poverty level after taxes, other mandatory payroll deductions, and child care expenses.
 - 4) Type or print the form in ink. Use Second Sheet, PC-180, or an additional sheet if more space is needed.

Probate Court Name

District Number

In the Matter of

Petitioner (List name and address.)

Type of Matter

The undersigned represents that:

- 1) The total number of the petitioner's dependents (exclude petitioner) is
 - 2) The petitioner's gross monthly income from employment is
 - 3) The petitioner's net monthly income from employment after taxes and other mandatory payroll deductions is
 - 4) The net monthly income from employment of all other members of petitioner's household after taxes and other mandatory payroll deductions is
 - 5) Other monthly income (include income to petitioner and other members of the petitioner's household) is:
 - a) Public Assistance (Specify.)
 - b) Social Security
 - c) Pension
 - d) Unemployment Compensation
 - e) Other (Specify.)Total other monthly household income (Items 5a through 5e above)
- Total net monthly household income** (Items 3,4 and 5 above)

The undersigned further represents that:

- 1) Estimated value of assets owned by petitioner and other members of the petitioner's household:
 - a) Real estate Outstanding mortgage Net value...
 - b) Motor Vehicles Outstanding loans Net value...
 - c) Balance of all savings accounts
 - d) Balance of all checking accounts
 - e) Cash
 - f) Other assets (specify)

Total net value of the household assets (Items 1a through 1f above)

DO NOT RECORD

2) The liabilities/debts of the petitioner's household are (excluding above mortgages/loans):

a) Credit card balance.....

b) Other (specify).....

3) The estimated monthly expenses of the petitioner's household are:

a) Rent/Mortgage.....

b) Property Taxes.....

c) Utilities.....

d) Food.....

e) Medical and Dental.....

f) Insurance premiums (medical, auto, home, etc.).....

g) Clothing.....

h) Child Care.....

i) Car loan.....

j) Minimum monthly credit card payment.....

k) Other transportation costs (bus, gasoline).....

l) Other (specify).....

Total Monthly Household Expenses (Items 3a through 3l above).....

The undersigned requests that the court grant a waiver of fees and expenses in the above matter for which the petitioner may be responsible because the petitioner is indigent and unable to pay the fees and expenses.

The representations made in this petition are made under the penalty of false statement.

Signature

Title (if applicable)

Type or Print Name

Date

For Court Use Only

COURT OF PROBATE,

DISTRICT NO.

PRESIDING JUDGE: Hon.

The foregoing request having been presented to the court, the COURT FINDS that the petitioner:

☐ is indigent and entitled to a waiver of fees and expenses as requested above. ☐ is not indigent.

WHEREFORE, it is ORDERED and DECREED that a waiver of fees and expenses for which the petitioner may be responsible is: ☐ granted. ☐ denied.

Dated at _____, Connecticut, on [Month, Day, Year]

.....
Judge