

Notice to Guardians: Kinship & Respite Grants

As a court-appointed guardian, you may be eligible to receive money from the Kinship Fund and Respite Fund Programs. These programs are administered through the probate courts.

Please see the guidelines for each fund listed below.

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 sports fees, purchase of sports equipment, educational classes or tutoring, purchase of 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, sneakers, or closely related 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

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

- He or she is serving as a guardian for a minor child as the result of an appointment by the probate court or superior court for juvenile matters.
- At the time of the grant application, he or she qualifies for a probate court fee waiver, or the probate judge determines that he or she is in need.
- The guardian is not receiving benefits or subsidies from DCF.
- The guardian has submitted a grant application together with all required documentation.

The probate judge determines the grant amounts, which may vary depending upon available funding.

A guardian may apply for grants in multiple years, provided he or she continues to meet all eligibility requirements.

Applications are available from the clerk at the probate court.

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

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. The petitioner must include both the petitioner's information and information for the petitioner's household. A household is one or more individuals who rely on themselves or one another for support.
 - 2) A fiduciary or attorney may file this form on behalf of a person they represent. The fiduciary or attorney should include only the petitioner's household information and not the fiduciary or attorney's information.
 - 3) Include with this form documentation substantiating the reported assets and income. For example, pay stubs from employment and evidence of public assistance.
 - 4) There is a rebuttable presumption that the petitioner is indigent if: (a) he or she receives public assistance OR (b) 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.
 - 5) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of

Petitioner (Name and address)

Type of Matter

The undersigned represents that:

- 1) Total number of people in the household, including the petitioner: _____
 - 2) Net monthly household income from employment after taxes and mandatory payroll deductions: _____
 - 3) Other monthly household income:
 - a) Public Assistance (Specify) _____
Public assistance includes: state-administered general assistance; temporary family assistance; aid to the aged, blind and disabled; supplemental nutrition assistance; and supplemental security income also known as SSI.
 - b) Social Security _____
 - c) Pension _____
 - d) Unemployment Compensation _____
 - e) Other (Specify) _____
- Total other monthly household income (Items 3a through 3e above) _____
- Total net monthly household income** (Items 2 and 3 above) _____

In the Matter of

The undersigned further represents that:

- 1) Estimated value of household assets:
- a) Real estate net value (subtract outstanding mortgages or liens) _____
 - b) Motor vehicles net value (subtract outstanding loans or liens) _____
 - c) Balance of all savings accounts _____
 - d) Balance of all checking accounts _____
 - e) Cash _____
 - f) Other (Specify) _____
- Total net value of household assets (Items 1a through 1f above)** _____
- 2) Current household liabilities/debts (excluding any above mortgages/loans):
- a) Credit card balance _____
 - b) Other (Specify) _____
- Total current household liabilities (Items 2a through 2b above)** _____
- 3) Estimated reoccurring monthly household expenses:
- a) Rent/Mortgage payment _____
 - b) Motor vehicle loan payments _____
 - c) Other transportation costs (bus, gasoline) _____
 - d) Property taxes _____
 - e) Utilities _____
 - f) Insurance premiums (medical, auto, home, etc.) _____
 - g) Medical and dental _____
 - h) Food _____
 - i) Clothing _____
 - j) Child care _____
 - k) Other (Specify) _____
- Total reoccurring monthly household expenses (Items 3a through 3k 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 penalty of false statement.

Signature of Petitioner or Representative

Type or Print Name

Title or Relationship (if applicable)

Date

In the Matter of

For Court Use Only

Probate Court Name

District Number

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 the request for waiver of fees and expenses is:

GRANTED. DENIED.

Dated at: _____, Connecticut, on

[Month, Day, Year]

Judge

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 application
- _____ Completed fee waiver form, including the total number of household members. If you are working 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. If you are working copies of two latest paychecks stubs
- _____ 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