

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.

The **Kinship Fund** makes grants to guardians in the amount of \$550 per child per year, up to a maximum \$2,200 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 \$2,200 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 and/or Respite Fund Grant, a guardian, temporary guardian or custodian, must meet all of the following requirements:

- Serves as a guardian, temporary guardian or custodian for a minor child as the result of an appointment by a Connecticut Probate Court or Connecticut 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 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: _____

Does child live with you? ☐ Yes ☐ No Date Appointed: _____

Legal Standing: ☐ Guardian ☐ Temporary Custodian Court Case No.: _____

2. Name: _____ Date of Birth: _____

Does child live with you? ☐ Yes ☐ No Date Appointed: _____

Legal Standing: ☐ Guardian ☐ Temporary Custodian Court Case No.: _____

3. Name: _____ Date of Birth: _____

Does child live with you? ☐ Yes ☐ No Date Appointed: _____

Legal Standing: ☐ Guardian ☐ Temporary Custodian Court Case No.: _____

4. Name: _____ Date of Birth: _____

Does child live with you? ☐ Yes ☐ No Date Appointed: _____

Legal Standing: ☐ Guardian ☐ Temporary Custodian Court Case No.: _____

5. Name: _____ Date of Birth: _____

Does child live with you? ☐ Yes ☐ No Date Appointed: _____

Legal Standing: ☐ Guardian ☐ Temporary Custodian Court Case No.: _____

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 \$ _____ ☐ 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. The representations made in this application are made under penalty of false statement.

Applicant's Signature

Date

When your check is ready, the court will send it to the address of record.

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.

The representations made herein are made under penalty of false statement.

Guardian: _____
(Signature required)

Date: _____

RETURN THIS FORM TO COURT WITH YOUR APPLICATION.

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