

**CABINET FOR HEALTH AND FAMILY SERVICES**

**Department for Community Based Services**

**Division of Protection and Permanency**

Date

Dear Caregiver,

Enclosed you will find the Subsidized Permanent Custody Annual Contact Form. Please complete the form in its entirety and **Return to:**

CHFS/DCBS

Name Address Email Address

Your prompt response is greatly appreciated. **Please return the form no later than \_\_\_\_\_\_\_\_**.

**If you currently receive reimbursement for child care expenses**, you MUST attach a copy of the front page of your 1040 Federal Income Tax Return for year (20XX) that reflects your adjusted gross income. This is used to determine your co-pay for child care expenses, if any.

**If you need to change or update your successor caregiver agreement,** please contact your worker and a new successor caregiver agreement form (1257A) will be mailed for your signature. Please remember that in the event of death or incapacitation of a caregiver, SPC may be transferred if a successor caregiver has been named in the original or updated 1257A agreement. Without such documentation the subsidy will be terminated upon death or incapacitation.

**If your child(ren) will turn 18 prior to graduating High School**, please submit documentation from the school of their enrollment and expected graduation date to the above address. Without such documentation, your adoption assistance contract will be terminated once they turn 18.

**If your child(ren) is currently not placed in your home or you no longer have custody,** please notify us immediately. Also, please notify us of any other circumstances which would cause a change in the SPC assistance or discontinuance.

**If your child(ren) has been determined disabled by Social Security Administration (SSA)** or would be determined disabled by the Cabinet’s Medical Review Team (MRT), please contact us when the child is 17½ years old for further information about the determination process for SPC assistance continuation.

If you have questions about billing issues or need to submit receipts for reimbursement, please contact the Billing Specialist by email at [CHFSAdoptionSubsidy@ky.gov](mailto:CHFSAdoptionSubsidy@ky.gov).

If you have questions or concerns, please feel free to contact (worker name, phone number, email). You may also contact my supervisor, (name) at (phone number) or (email). We appreciate your prompt attention to this process.

Sincerely,

(Name) and (Title)

Enclosure: SPC Assistance Yearly Contact Form