

Subsidized Permanent Custody Annual Contact Form

Caregiver(s) Name:

Street Address

City, State, Zip

Email Address

Phone Number

Use only if requesting child care expenses

Adjusted Gross Income \$ _____

****Attach Federal Income Tax Forms
for continued reimbursement**

**# of Household Members (not
including current foster children,
if applicable)**

_____

Children for whom you receive subsidy assistance. List names, birthdates, and confirm you still maintain physical and legal custody of the children you're receiving subsidy for

Child's Name:

Child's Name:

Child's Name:

Caregiver(s) are required to notify the Cabinet of any changes of address or any other circumstances which may bring about a substantial change. You may request to renegotiate your subsidy at any time. If you need to update the Successor Caregiver, please complete the DPP-1257A and submit with the Annual Contact.

Caregiver(s) have the right to a fair hearing on any decision to terminate or deny subsidy assistance for any child with special needs. If you feel that your child has been unfairly denied assistance, contact your worker for information regarding requesting a fair hearing.

**Your worker's name & phone number is _____
() _____**

_____ Caregiver	_____ Date	_____ Caregiver	_____ Date
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Web site: <http://chfs.ky.gov/>