

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR COMMUNITY BASED SERVICES
SUBSIDIZED PERMANENT CUSTODY AGREEMENT
AMENDMENT

VII. Successor Caregiver

In the event of my death or incapacitation I/we would like the below person(s) to become the successor caregiver.

Successor Caregiver Name:	Address:
Phone:	Email

This amendment expresses my preference regarding who should become the successor caregiver, and this agreement supersedes the preference expressed in the signed **Subsidized Permanent Custody Agreement** and any amendments signed prior.

THIS INSTRUMENT HAS BEEN EXAMINED AND APPROVED AS TO FORM AND LEGALITY BY THE OFFICE OF LEGAL SERVICES, CABINET FOR HEALTH AND FAMILY SERVICES.

APPROVED:

Permanent Caregiver(s):

Authorized Official, Cabinet for Health and Family Services Date

Permanent Caregiver Date

Permanent Caregiver Date