



CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services
Division of Protection and Permanency

Notification of Subsidized Permanent Custody Agreement

Family:

Address:

City:

Zip code:

County:

Telephone:

Email:

I/we state that my/our family intend to accept subsidized permanent custody payments through the Department for Community Based Services (DCBS) for the child(ren) listed below, who is currently placed in my/our relative/fictive kin foster home.

Child's name:

DOB:

J Case No.:

Child's name:

DOB:

J Case No.:

Child's name:

DOB:

J Case No.:

Child's name:

DOB:

J Case No.:

Child's name:

DOB:

J Case No.:

Child's name:

DOB:

J Case No.:

The above family has requested that the court grant them permanent custody of the above listed child(ren). This child(ren) is/are currently committed to the Cabinet for Health and. This child(ren) and the caregiver(s) meet the eligibility requirements for the family to receive Subsidized Permanent Custody (SPC) payment in accordance with KAR 1:145. The family and the Cabinet have signed agreements to this effect.

At this time, the Cabinet for Health and Family Services intends to recommend that the court grant the above named family permanent custody of the above named child(ren).

Signature of SRA or Designee

Date

Signature of caregiver

Date

Signature of caregiver

Date