**TWIST #:**

**Relative information**

|  |  |
| --- | --- |
| **Name:** (Last, First) | **DOB:** (MO/DAY/YEAR) |
| **SSN:** \_ \_ \_-\_ \_-\_ \_ \_ \_ | **Relationship to child(ren):**       |
| **Address:**       | **Phone number:** (\_ \_ \_) \_ \_ \_-\_ \_ \_ \_ |
| **E-mail:**       |  |

**Child(ren) eligible for RPSB:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Date of placement with relative** | **Date of temporary custody order (TCO) to relative or CHFS** | **RPSB amount ($350/child with max of $2,100 per family)** |
| **1.**       |  |  | Date:      TCO to relative or CHFS? | **$350** |
| **2.**       |  |  | Date:      TCO to relative or CHFS? | **$700** |
| **3.**       |  |  | Date:      TCO to relative or CHFS? | **$1,050** |
| **4.**       |  |  | Date:      TCO to relative or CHFS? | **$1,400** |
| **5.**       |  |  | Date:      TCO to relative or CHFS? | **$1,750** |
| **6. (or more)**        |  |  | Date:      TCO to relative or CHFS? | **$2,100** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Social Services Worker Date

Upon completion of this form, SSW e-mails form to the Division of Administration and Financial Management at rpsbdafm@ky.gov. Payment will be issued by check directly to the relative within 7-10 business days.

Unit D736

Object code E457 Template HZRPSB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Budget Approval Date