

**Relative Placement Support Benefit (RPSB) and
Fictive Kin Relative Support Benefits (FKRPSB)
Payment Request**

Relative information

TWIST #:

Relative type

Fictive kin caregiver:

Unit D736 Object code E457 Template HZZFDM

Relative caregiver:

Unit D736 Object Code E457 Template HZRPSB

Name:

Date of birth:

Social Security number:

Relationship to child(ren):

Mailing address:

Phone number:

E-mail:

Child(ren) eligible for RPSB or FKRPSB:

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.				\$350
2.				\$700
3.				\$1,050
4.				\$1,400

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5.				\$1,750
6. (or more)				\$2,100

Social Services Worker

Date

Upon completion of this form, SSW will email form to the Division of Administration and Financial Management (DAFM) at rpsbdafm@ky.gov.

Payment will be issued by check directly to the relative within 7-10 working days.

Budget approval

Date

Budget approval

Date