**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Subsidized Guardianship Amendment Request – Option to Continue Current Rate**

**Use of form:** This form is used to request a subsequent amendment to an existing subsidized guardianship agreement when the guardian(s) believe there has been a substantial change in the special care needs of the child since establishment of the guardianship. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

**Instructions:** Review the Subsidized Guardianship Amendment Request form previously completed and confirm that the characteristics continue to exist.

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| **Child in Guardianship** | | | | | | | | | |
| Name – Child (Last, First, MI) | | | | | | | | | |
| Birthdate (mm/dd/yyyy) | | | Social Security Number | | | | | | |
| **Guardian 1** | | | | | | | | | |
| List all Legal Names Since Placement of Child | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | |
| Address – Mailing (if different) | | | | | | | | | |
| Telephone Number – Daytime | | | | Birthdate (mm/dd/yyyy) | | | Social Security Number | | |
| Counties of Residence Since Child Placement – Indicate Specific Years. | | | | | | | | | |
| **Guardian 2** | | | | | | | | | |
| List all Legal Names Since Placement of Child | | | | | | | | | |
| Address (Street, City, State, Zip Code) | | | | | | | | | |
| Address – Mailing (if different) | | | | | | | | | |
| Telephone Number – Daytime | | | | Birthdate (mm/dd/yyyy) | | | Social Security Number | | |
| Counties of Residence Since Child Placement – Indicate Specific Years. | | | | | | | | | |

I declare I have reviewed the emotional, behavioral and physical / personal care characteristics indicated on the Subsidized Guardianship Request form provided to me that I previously submitted to the Department of Children and Families. I confirm that the characteristics indicated are not age appropriate and continue to exist.

Questions regarding completion of this form should be directed to the Social Services Specialist at (866) 666-5532.

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| **SIGNATURE** – Guardian 1 |  | **SIGNATURE** – Guardian 2 |  | Date Signed |

Return completed form to: Social Services Specialist

Department of Children and Families

Division of Safety and Permanence

P.O. Box 8916

Madison, WI 53708-8916

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