

Kin-GAP MUTUAL AGREEMENT FOR 18 YEAR OLDS

CASE NAME
BIRTH DATE
CASE NUMBER

I request that the _____ County Welfare Department/Probation Department or _____ Tribe
 (circle appropriate public agency)

maintain my Kin-GAP payment until the completion of my education/training by age 19.

Recognizing my responsibility, I agree to:

1. Assist the responsible public agency in determining my financial need and eligibility while receiving a Kin-GAP payment.
2. Keep the responsible public agency informed of my progress with my education/training program.
3. Give reasonable notice if I leave my guardian's home for more than a temporary absence.

SIGNATURE OF Kin-GAP YOUTH		Kin-GAP YOUTH'S ELIGIBILITY WORKER
ADDRESS		ADDRESS
TELEPHONE ()	ALTERNATIVE TELEPHONE ()	TELEPHONE ()
DATE		DATE