



CDSS

WILL LIGHTBOURNE  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**

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EDMUND G. BROWN JR.  
GOVERNOR

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

February 28, 2014

ALL COUNTY LETTER NO. 14-19

TO: ALL COUNTY WELFARE DIRECTORS  
 ALL CHIEF PROBATION OFFICERS  
 ALL FOSTER CARE MANAGERS  
 ALL CHILD WELFARE SERVICES PROGRAM MANAGERS  
 TITLE IV-E AGREEMENT TRIBES  
 ALL ADMINISTRATIVE LAW JUDGES  
 ALL CONSORTIA PROJECT MANAGERS  
 CHILD WELFARE SERVICES NEW SYSTEM

SUBJECT: KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (KIN-GAP)  
 PROGRAM NONRECURRING COSTS FOR LEGAL GUARDIANSHIP

REFERENCE: PUBLIC LAW (P.L.) 110-351; UNITED STATES CODE (U.S.C.)  
 TITLE 42 SECTION 673(d)(1)(B)(iv); ADMINISTRATION ON  
 CHILDREN, YOUTH, AND FAMILIES-CHILDREN'S BUREAU  
 (ACYF-CB-PI 10-01); ASSEMBLY BILLS (AB) 12 (CHAPTER 559,  
 STATUTES OF 2010) and 212 (CHAPTER 459, STATUTES OF 2011);  
 WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS  
 11364(b)(6) and 11387(b)(6); MANUAL OF POLICIES AND  
 PROCEDURES (MPP), ELIGIBILITY AND ASSISTANCE STANDARDS  
 MANUAL 45-304-45-306; ALL COUNTY LETTER (ACL) NO. 11-15;  
 COUNTY FISCAL LETTERS (CFL) NO. 11/12-50 and NO. 11/12-53

The purpose of this letter is to provide counties clarification and guidance regarding nonrecurring costs for legal guardianship through the Kin-GAP Program for both federally-funded and state-funded Kin-GAP cases.

BACKGROUND

On September 30, 2010, AB 12 was signed into law. This bill allows California to implement provisions of P.L. 110-351, the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. Pursuant to U.S.C. Title 42 section 673 (d)(1)(B)(iv), kinship guardians may be reimbursed for the total cost of nonrecurring

expenses associated with obtaining legal guardianship of the dependent child, to the extent the total cost does not exceed \$2,000 (two-thousand dollars).

The AB 212 was signed into law on October 4, 2011, amending and further clarifying the nonrecurring costs issues pertaining to the Kin-GAP Program. The W&IC sections 11364(b)(6) and 11387(b)(6) specifically state that for a kinship guardianship established on and after January 1, 2012, reimbursement shall be made for reasonable and verified nonrecurring expenses associated with obtaining legal guardianship not to exceed the amount specified in federal law. Reimbursement shall not be made for costs otherwise reimbursed from other sources, including the foster care maintenance payment.

### ELIGIBILITY

A relative who had a kinship guardianship established on or after January 1, 2012, is eligible to be reimbursed for reasonable and verified nonrecurring expenses associated with obtaining the legal guardianship assuming all other Kin-GAP eligibility conditions have been met. Reimbursement shall not exceed \$2,000 (two-thousand dollars). Examples of reasonable and verified expenses that may be eligible for reimbursement include, but are not limited to:

- Transportation costs for attending the hearing(s) associated with obtaining the legal guardianship, including mileage and parking. Transportation costs to bring the dependent child to the hearing(s) are already part of the foster care maintenance payment and should not be included.
- Cost of lodging and food for the prospective legal guardian to attend the hearing.
- Documented out-of-pocket attorney's fees associated with obtaining the legal guardianship.

Counties have some flexibility in determining what constitutes reasonable costs in each case, and therefore this list is meant to provide guidance and not every eligible cost is listed in this ACL.

### KIN-GAP FORMS/DOCUMENTATION

The *Kinship Guardianship Assistance Payment (Kin-GAP) Program Nonrecurring Legal Guardianship Expenses Agreement (KG 4)* must be signed by the prospective legal guardian and a representative of the responsible public agency before the submission of the expense form (KG 5) to submit a claim for payment. It is recommended that all parties sign the KG 4 form at the same time the SOC 369 and 369A forms are signed.

The *Kinship Guardianship Assistance Payment (Kin-GAP) Program Nonrecurring Legal Guardianship Expenses Form (KG 5)* is to be used by the legal guardian to claim for payment. The appropriate documentation should be attached to the fully executed KG 5 form. If necessary, more than one KG 5 form may be used. Counties are encouraged to provide a blank copy of the KG 5 form to the prospective legal guardian at the time of signing the SOC 369, 369A, and KG 4 forms.

Please remember that reimbursement shall not be made for costs otherwise reimbursed from other sources, including the foster care maintenance payment. The legal guardian must attach receipts or other documentation for the expenses to the KG 5 form. A copy of the completed forms may be provided to the legal guardian.

Camera Ready Copies and Translations: For a camera-ready copy in English, contact the Forms Management Unit at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). If your office has internet access, you may obtain these forms from the California Department of Social Services' webpage at [Forms - by Program](#). Copies of the translated forms can be obtained at [Translated Forms and Publications](#).

### CLAIMING INSTRUCTIONS

Please refer to [CFL No. 11/12-50](#) and [CFL No. 11/12-53](#) for detailed claiming instructions.

For state Kin-GAP nonrecurring costs, new claiming instructions will be released in a forthcoming CFL.

### INQUIRIES

Please direct questions regarding this ACL to the Foster Care Support Services Bureau at (916) 651-7465. Questions about claiming Kin-GAP related nonrecurring costs should be sent to the Fiscal Systems Bureau using the following email address: [fiscal.systems@dss.ca.gov](mailto:fiscal.systems@dss.ca.gov).

Sincerely,

***Original Document Signed By:***

GREGORY E. ROSE  
Deputy Director  
Children and Family Services Division

Attachments

### KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM NONRECURRING LEGAL GUARDIANSHIP EXPENSES AGREEMENT

Eligible kinship guardians may be reimbursed for nonrecurring expenses up to a maximum of \$2,000 (two-thousand dollars) pursuant to Welfare and Institutions Code Sections 11364(b)(6) and 11387(b)(6). The term "nonrecurring guardianship expenses" is defined as the reasonable and verified expenses associated with obtaining kinship guardianship of a related child under supervision of the juvenile court, which are not incurred in violation of state or federal law, and have not been reimbursed from other sources or funds.

Allowable expenses associated with obtaining the kinship guardianship may include, but are not limited to, transportation costs and reasonable costs of lodging and food for the legal guardian to attend hearings to complete the legal guardianship.

To be eligible for nonrecurring legal guardianship expenses, the child must be eligible for the Kinship Guardianship Assistance Payment (Kin-GAP) Program.

Financially Responsible County: \_\_\_\_\_ Legal Guardianship Date: \_\_\_\_\_  
NAME

I, \_\_\_\_\_, have determined that I have nonrecurring  
NAME OF GUARDIAN

guardianship expenses as defined above for \_\_\_\_\_ in the  
NAME OF CHILD

amount of \$\_\_\_\_\_. I have entered into an agreement with

\_\_\_\_\_ to reimburse me for this amount.  
RESPONSIBLE PUBLIC AGENCY

I, \_\_\_\_\_, may have nonrecurring guardianship  
NAME OF GUARDIAN

expenses, and have been notified that I may be eligible to receive funds associated with reimbursement for nonrecurring guardianship expenses. Claim for payment, including receipts and all related eligible nonrecurring guardianship expenses documentation, will be submitted to

\_\_\_\_\_ no later than \_\_\_\_\_, \_\_\_\_\_.  
RESPONSIBLE PUBLIC AGENCY TWO YEARS FROM DATE OF GUARDIANSHIP ORDER

LEGAL GUARDIAN	PRINTED NAME	DATE
REPRESENTATIVE FROM RESPONSIBLE PUBLIC AGENCY	PRINTED NAME	DATE

# KINSHIP GUARDIANSHIP ASSISTANCE PAYMENT (Kin-GAP) PROGRAM NONRECURRING LEGAL GUARDIANSHIP EXPENSES FORM

LEGAL GUARDIAN NAME \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MINOR NAME \_\_\_\_\_

PURPOSE(S) \_\_\_\_\_

TRIP HOURS (START/END)	DATE	TOTAL HOURS	LOCATION

EXPENSE	DATE	DETAIL	AMOUNT
<b>Transportation</b>		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	\$
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	\$
<b>Personal car</b>		Mileage _____ x _____ <sup>1</sup> per mile	\$
<b>Parking</b>			\$
			\$
<b>Lodging</b>		Location	\$
		Location	\$
		Location	\$
		Location	\$
<b>Meals</b>			\$
			\$
			\$
			\$
<b>Other (misc expenses, attorney fees, etc.)</b>		Purpose	\$
		Purpose	\$
<b>TOTAL AMOUNT</b>			\$

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Allowable costs associated with obtaining the legal guardianship include, but are not limited to: reasonable travel costs to a guardianship hearing not otherwise covered through foster care payments (transportation/mileage, parking, lodging, and/or meals), attorney's fees, and other miscellaneous nonrecurring expenses directly related to obtaining a legal guardianship. Kin-GAP nonrecurring expenses shall not exceed \$2,000.

<sup>1</sup> Use the federal rate of mileage - <http://www.irs.gov/Tax-Professionals/Standard-Mileage-Rates>

**Receipts must be attached. Please keep copies for your records**