

KINSHIP PERMANENCY INCENTIVE PROGRAM (KPI)

QUALIFICATIONS

1. You must have court ordered LEGAL CUSTODY of a minor child.
*A copy of the court entry is required with the initial application.
2. Complete and submit a KPI application and attach required documents (court entry & proof of income)
3. All Adults residing in the home must complete fingerprint background checks.
4. Qualify Financially:
 - Family Size of 2 – household income not to exceed \$51,720 per year
 - Family Size of 3 – household income not to exceed \$65,160 per year
 - Family Size of 4 – household income not to exceed \$78,600 per year
 - Family Size of 5 – household income not to exceed \$92,040 per year
 - Family Size of 6 – household income not to exceed \$105,480 per year
 - Family Size of 7 – household income not to exceed \$118,920 per year
 - Family Size of 8 – household income not to exceed \$132,360 per year
 - Each additional person add - \$13,440

*Income Documentation required with each application
5. A home visit may be required if a worker has never been to the home.

If you qualify, the program consists of 8 payments dispersed once every six months. The initial payment is \$525.00 per child. The other 7 payments are \$300 each per child. After qualifying initially a new application will be sent every six months for redetermination until all 8 payments are received.

Please contact Elizabeth “Betsy” Benedetto for an application or more details.

PH: 330-308-7713 Cell: 330-340-8242 Email: Elizabeth.Benedetto@jfs.ohio.gov

Ohio Department of Job and Family Services
APPLICATION FOR KINSHIP PERMANENCY INCENTIVE

Initial Application Re-Determination

The "Kinship Permanency Incentive" Program (KPI) is designed to promote a permanent commitment by a kinship caregiver(s) through becoming guardians and/or custodians over minor children who would otherwise be unsafe or at risk of harm if they remained in their own homes. KPI provides up to eight incentive payments to families caring for their kin.

Social Security Number disclaimer

For KPI, the social security number will be used for tracking and administrative purposes such as: checking the identity of household members, preventing duplicate participation, and making mass changes easier. In lieu of the social security number, you may provide your twelve digit TANF identification number, if applicable.

***only needed for Initial Application*

REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

- Documentation of income that is referenced in Section II **Needed with Every Application*
- Legal Custodian/Guardian Documentation - may be obtained from clerk of court that handled the case ****

SECTION I: KINSHIP FAMILY INFORMATION

| | | | |
|---|---|---|---|
| Name of Kinship Caregiver #1 (first and last) | | Name of Kinship Caregiver #2 (first and last) | |
| Home Address, City, State, and Zip Code | | | |
| County of Residence | | | Telephone Number |
| Race/Ethnicity of Caregiver #1 | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multi-racial | | <input type="checkbox"/> Hispanic Origin |
| Race/Ethnicity of Caregiver #2 | <input type="checkbox"/> White | <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Multi-racial | | <input type="checkbox"/> Hispanic Origin |
| Education Level of Caregiver #1 | <input type="checkbox"/> Grade School | <input type="checkbox"/> Middle School | <input type="checkbox"/> Some High School |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> Technical Training | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> College Degree | | | |
| Education Level of Caregiver #2 | <input type="checkbox"/> Grade School | <input type="checkbox"/> Middle School | <input type="checkbox"/> Some High School |
| <input type="checkbox"/> High School Graduate or Equivalent | <input type="checkbox"/> Technical Training | <input type="checkbox"/> Some College | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> College Degree | | | |

Household Members (including kin child):

| Name (First, Last) | Relationship to Caregiver #1 | Social Security Number | Date of Birth (mm/dd/yyyy) | Sex |
|--------------------|------------------------------|------------------------|----------------------------|--|
| | Self | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |

SECTION II: FINANCIAL INFORMATION

Please enter all income before taxes and deductions for the kinship caregiver, the spouse of kinship caregiver, and all of the minor children who reside in the same household. (Employment, SS, OWF, etc)

| Name | Type of Income | Amount of Income (before taxes) | How Often Received (weekly, bi-weekly, etc.) | Date Last Received |
|------|----------------|---------------------------------|--|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please list any child support that the kinship caregiver(s) pay out to another person.

| Name of Payee | Amount Paid Out | Date of Last Payment |
|---------------|-----------------|----------------------|
| | | |
| | | |

SECTION III: CHILD INFORMATION

Please list all children for whom you are applying for KPI.

Child 1

| | |
|---|--|
| Name of Child (first, last and middle) | Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin |
| You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian | |
| Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____ | |

Child 2

| | |
|---|--|
| Name of Child (first, last and middle) | Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin |
| You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian | |
| Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____ | |

Child 3

| | |
|---|--|
| Name of Child (first, last and middle) | Race/Ethnicity of Child <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi-racial <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin |
| You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian | |
| Has your home been assessed and approved to be a kinship placement for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, by what agency? _____ | |

Add Additional Children here or on back.

SECTION IV: AFFIRMATION

I affirm that the information on this application is accurate. I understand that verification of my financial situation is required. I affirm that the financial documentation provided is true and accurate. I acknowledge that approval is contingent upon the availability of funds.

In accordance with section 2921.13 of the Ohio Revised Code, it is a misdemeanor of the first degree to knowingly make a false statement when the statement is made to secure benefits administered by a governmental agency or paid out of a public treasury.

Signature of Kinship Caregiver/Date

Signature of Kinship Caregiver/Date

**Please return this application and all required documentation to your local PCSA
at the following address:**

Name of PCSA _____

Attention _____

Address _____

City, State, Zip _____