

Ohio Department of Job and Family Services
(ODJFS)

Kinship Permanency
Incentive (KPI) Program

Application & Informational Booklet

State Fiscal Year 2023-2024

July 1, 2023 to June 30, 2024

Thank you for inquiring about the KPI Program. KPI is a state initiative that provides kinship families who meet eligibility requirements and who received legal custody or guardianship of a kinship youth on or after July 1, 2005, with time-limited incentive payments. This program runs on a State Fiscal Year (SFY) from July 1 through June 30.

If funding runs out before the end of the SFY, applications will not be accepted until the beginning of the next fiscal year and upon approval from Ohio Department of Job and Family (ODJFS).

Franklin County Children Services' (FCCS) role is to process KPI applications on behalf of ODJFS. FCCS can only process applications for applicants who live in Franklin County. Applicants must apply for KPI in their county of residence.

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There are several documents that are required to be submitted to apply for KPI. It is highly recommended that applicants keep copies of the original documents submitted. Below is a description of each document and the application process.

A. Initial Application Process

1. **Ohio Department of Job and Family Services Application for Kinship Permanency Incentive (JFS 01501):** A copy of this form is attached to this packet.
 - a. The application (JFS 01501) must list information for all adults and children (excluding foster children) who reside in the home.
2. **Legal Custody/Legal Guardianship:** A copy of the court order granting the KPI applicant legal custody or legal guardianship of the child must be submitted with the initial application. Note: KPI cannot be approved based upon temporary court orders.
3. **W-9:** A W-9 form is attached to the back of this packet. This form is to be filled out regardless of whether the applicant is employed. The form is to include the applicant's full name as found on a tax return or social security card and must be signed and dated by the applicant.
4. **Verification of Income:** To be eligible for KPI funds, an applicant must be within 300% of the Federal Poverty Guidelines. Income for all household members is to be recorded on the KPI application. Proof of income is to be submitted with the application. Examples of income include, but are not limited to, award letters for any type of Social Security (SS, SSI, SSDI, SSD, etc.), child support, pay stubs, retirement, and unemployment. If the applicant has no income, the agency form *Declaration of Zero Income* is to be submitted (located in back of packet). The Federal Poverty Guidelines are listed below.

FAMILY SIZE	300% OF FEDERAL POVERTY GUIDELINES
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680
For each additional person add	\$15,420

5. **Electronic Funds Transfer (EFT) form:** If the KPI caregiver chooses to receive funds by direct deposit rather than a check in the mail, the *EFT* form must be completed including a signature and date.
6. **Approved Home Study:** For each child requesting KPI funds for, a home study must be completed and approved. If the applicant received care of the child through a public child welfare agency, all efforts will be made to determine if a home study was already completed and can be used for the KPI application. If a prior home study

cannot be located, FCCS will complete the home study for KPI purposes. A home study **requires** the following:

- a. Criminal background checks: All persons in the home age 18 and over will be asked to be fingerprinted for BCI and FBI records. The fingerprints can be completed at any of the agency locations. The criminal background check process is mandatory for a home study.
- b. Child welfare checks will also be completed for all household members.
- c. A home visit including an assessment of the home.
- d. The resulting approval/denial decision of the home study will be shared with the applicant.

B. Incomplete Application

If an application is submitted without the **required** documentation, as referenced above, a *Notice of Incomplete Kinship Permanency Incentive Application* (JFS 1502) will be mailed to the applicant. The required information must be submitted within 10 days to avoid a denial of the KPI application. Information is to be submitted to FCCS via mail, fax, or hand delivered (please see contact information on page 8).

C. Approval/Denial Process

Within 15 days of receipt of a complete application, the KPI applicant will receive an approval or denial letter.

1. An *Ohio Department of Job and Family Services Notice of Approval for Kinship Permanency Incentive Funds* (JFS 1503) will be mailed for approved KPI applications. In order to receive additional incentive monies after the initial payment, approved applicants must re-apply every 6 months. This is called the **Redetermination Application Process** (please see the Redetermination Application Process section D below, page 4 and 5).
2. An *Ohio Department of Job and Family Services Notice of Denial for Kinship Permanency Incentive Funds* (JFS 504) will be mailed for denied KPI applications.
 - a. The denial form will explain the reason for the denial. Should the denial issue become resolved, the applicant can then re-apply.
3. Upon approval or denial, all applicants will receive the *Explanation for State Hearings Rights* (JFS 4059). The kinship caregiver has the right to request a state hearing if: the applicant was denied eligibility for the KPI Program; the application was acted upon erroneously; or if the application was not acted upon with reasonable promptness.

D. Redetermination Application Process

Once a kinship caregiver is approved for KPI for a kin child, the caregiver can re-apply for KPI every six months up to seven times. This process is called "Redetermination."

FCCS staff will notify the kinship caregiver 30 days prior to the six month redetermination date so that the caregiver can re-apply.

The documents needed for redetermination include:

1. **Ohio Department of Job and Family Services Application for Kinship Permanency Incentive (JFS 01501)**
 - a. The application (JFS 01501) must list information for all adults and children (excluding foster children) who reside in the home.
 2. **Verification of Income:** As explained on page 3 under the Initial Application process, verification of income must be provided with each redetermination.
 - ~~3. **Approved Home Study:** A home study amendment may be needed. Possible reasons for an amendment include:

 - a. ~~If the applicant has moved to a new residence, a new W-9 will also be needed with the new address documented.~~
 - b. ~~If there is any new adult living in the home since the last home study (this includes children who turned 18 years old since the last home study was conducted.) Criminal background checks and child welfare checks will need to be completed on the new adult household member and the home study updated.~~~~
 4. **W-9 form:** If the KPI caregiver moves or has a name change, an updated W-9 form is required.
 5. **Electronic Funds Transfer (EFT) form:** If the KPI caregiver has a change in banking, the EFT form is needed at the time of redetermination.
 6. **Approval/Denial Process:** This process is the same as for the Initial Application process (see page 4).
- E. Amounts for KPI Program (once approved):**
- a. **Initial: \$525**
 - b. **Redetermination: \$300**

~~Annually, to determine eligibility a face-to-face or phone interview with the kinship caregiver is required. This face-to-face or phone interview can be done in the home or at our agency office.~~

Other important facts [also explained in the attached rule Ohio Administrative Code Rule 5101:2-40-04 Kinship permanency incentive (KPI) program]

1. If a kinship caregiver relocates to another Ohio county, the local children services agency in the new county of residence is responsible for determining eligibility for KPI payments. FCCS can transfer information on file to the new county when requested.
2. The kinship caregiver is responsible for notifying FCCS of any status change to the household that may affect eligibility as well as notifying us of an address change.
3. The Executive Director of FCCS has the authority to deny any KPI Program funds received by a kinship caregiver if the application was approved under fraudulent means.
4. The Director of Job and Family Services or designee may issue orders at any time suspending the intake of any new applications for KPI Program. During a program suspension, all new applicants will be advised that a suspension is in effect and will be denied while the suspension is in effect. No waiting list will be established during periods of suspension.

Frequently Asked Questions

- Q: What is considered income as it relates to the eligibility of 300% of the poverty level?**
A: Income refers to all the money that the applicant and the people in the home receive such as earnings from employment, child/spousal support, disability benefits, retirement benefits, worker's compensation, social security, veteran's benefits, etc. The applicant may report the amount of income as indicated on the most recent IRS 1040 tax return form or comparable tax return form. If a tax form is not used to document income, other documentation may be used. All income that would be claimed for tax purposes must be included.
- Q: If a child moves from one relative to another, is the second relative still able to receive KPI funds?**
A: The second relative would need to apply for KPI and meet all of the requirements.
- Q: What happens if an application for a re-determination is submitted late (i.e. after 6 month interval)?**
A: There is no such thing as lateness with KPI. Eligibility for the incentive is re-determined each time the caregiver applies. As long as the caregiver submits the application and meets all eligibility criteria, the caregiver is still eligible for the incentive payment.
- Q: Did Children Services have to be involved with the kinship child living in my home to be eligible for KPI?**
A: Children Services did not have to place the child in your home in order to apply for KPI. If the caregiver received custody/guardianship directly from a court, then FCCS staff will need to conduct a home study as part of the KPI application process.
- Q: For the re-determination every six months, how far ahead is the KPI applicant to be notified?**
A: A letter will be sent to the caregiver at least 30 days prior to the date eligible for the next KPI payment.
- Q: Are children in "temporary" custody eligible or only those in "legal" custody?**
A: An applicant must have legal custody or legal guardianship. Temporary orders will not be accepted.
- Q: Is a caregiver still able to receive assistance after a child turns 18?**
A: KPI uses the same definition of a minor child as TANF. A minor is a person who has not reached the age of 18 or a person who has not yet turned 19 and is a full-time student in a secondary school or in the equivalent of vocational or technical training. If the youth is 18 and still in school, the KPI applicant will need to submit verification that the youth is in school (i.e. a letter from the school confirming full-time enrollment or a recent grade card). Also, the child must be a current resident of that kinship home.
- Q: Does the check to the caregiver come from the State or County?**
A: Once an applicant has been approved, the incentive payment is sent via mail or EFT (Electronic Funds Transfer) to them from the State.
- Q: How often will I receive KPI payments?**
A: Each payment is issued after a KPI application is approved. Applicants have the potential to be approved for an initial and then seven re-determination payments every six months thereafter.

Franklin County Contact Information for KPI

All Franklin County KPI staff can be reached at:
855 W. Mound Street
Columbus, Ohio 43223
Phone: (614) 275-2642
Email: kpi@fccs.us

KPI Workers:

Dana Robertson, BA

KPI Supervisor:

Jamie Chambers, MSW LISW

KPI Administrator for Franklin County:

Raquel Breckenridge

5101:2-40-04 Kinship Permanency Incentive (KPI) Program

FCASMTL 406

Effective Date: March 1, 2019

Most Current Prior Effective Date: September 1, 2017

(A)The KPI program is designed to promote a permanent commitment by a kinship caregiver(s) through becoming guardians and 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.

(B)The following definitions are applicable to this rule and supersede any conflicting definitions contained in rule [5101:2-1-01](#) of the Administrative Code.

- (1)"Custodian" has the same meaning as in section 5107.02 of the Revised Code, which is an individual who has legal custody of a minor child or comparable status over a minor child created by a court of competent jurisdiction in another state.
- (2)"Family" means a kinship caregiver, spouse of the kinship caregiver, and all of the minor children for whom the kinship caregiver and spouse of the kinship caregiver are responsible, and who reside in the same household.
- (3)"Fraudulent incentive" means incentive funds provided to the kinship caregiver(s) as a result of fraud by the kinship caregiver(s), including an intentional violation of the program requirements. Fraudulent incentive does not include incentive payments provided due to an error of the agency in processing the application.

(4)"Gross income" means income of the family as defined in paragraph (B)(2) of this rule before taxes and deductions.

(5)"Guardian" has the same meaning as in section 5107.02 of the Revised Code, which is an individual that is granted authority by a probate court or a court of competent jurisdiction in another state, to exercise parental rights over a minor child to the extent provided in the court's order and subject to residual parental rights of the minor child's parents.

(6)"Kinship caregiver" has the same meaning as in section 5101.85 of the Revised Code, which is any of the following who is eighteen years of age or older and is caring for a child in place of the child's parents.

(a)Individuals related by blood or adoption to the child including:

(i)Grandparents, including grandparents with the prefix "great," "great-great," or "great-great-great."

(ii)Siblings.

(iii)Aunts, uncles, nephews, and nieces, including such relatives with the prefix "great," "great-great," "grand," or "great-grand."

(iv)First cousins and first cousins once removed.

(b)Stepparents and stepsiblings of the child.

(c)Spouses and former spouses of individuals named in paragraphs (B)(6)(a)(i) to (B)(6)(a)(iv) and (B)(6)(b) of this rule.

(d)A legal guardian of the child.

(e)A legal custodian of the child.

(7)"Minor child" has the same meaning as in 45 C.F.R. 260.30 (2003), which is either of the following:

(a)An individual who has not attained age eighteen.

(b)An individual who has not attained age nineteen and is a full-time student in a secondary school or in the equivalent level of vocational or technical training.

(C)Eligible kinship caregiver(s) shall receive an initial incentive payment and may receive subsequent payments at six-month intervals to support the stability of the child's placement in the home.

(1)The maximum incentive amount may not exceed eight payments per child per kinship caregiver(s).

- (2) Individuals who were approved for their sixth incentive payment prior to March 17, 2014 are not eligible for additional incentive payments.
- (3) Individuals who submitted their sixth application to the public children services agency (PCSA) on or after March 17, 2014 may be eligible for additional incentive payments.
- (4) Individuals who have not received their sixth incentive payment may be eligible for additional incentive payments.
- (D) For each state fiscal year (SFY), the Ohio department of job and family services (ODJFS) shall determine the initial and subsequent payment amounts. At the beginning of each SFY, ODJFS shall provide notice to the PCSAs identifying the initial and subsequent payment amounts for that SFY.
- (E) The PCSA shall determine the kinship caregiver(s) eligible for KPI when all of the following criteria are met:
- (1) On July 1, 2005 or thereafter, a court issued an order granting legal custody or guardianship to the kinship caregiver(s). A temporary court order is not sufficient to meet this requirement.
 - (2) The minor child resides with the kinship caregiver(s). If the child is on temporary leave from the kinship caregiver's home (e.g., hospitalization, mental health treatment or respite) and the kinship caregiver retains legal custody or guardianship this shall not preclude eligibility for KPI.
 - (3) The kinship caregiver(s) is a resident of the state of Ohio.
 - (4) The gross income of the kinship caregiver's family does not exceed three hundred per cent of the federal poverty guidelines.
 - (5) The placement has been assessed and approved by the PCSA or private child placing agency (PCPA).
 - (a) For children placed by the PCSA or PCPA, the placement was assessed and approved pursuant to paragraphs (B) to (I) of rule 5101:2-42-18 of the Administrative Code.
 - (b) For children placed directly with a kinship caregiver by a court or relative, the PCSA shall assess the home in accordance with the requirements identified in paragraphs (B) and (D) to (I) of rule 5101:2-42-18 of the Administrative Code prior to the approval of KPI.
- (F) The kinship caregiver(s) shall apply for the KPI program by submitting the following to the PCSA in the county in which the caregiver resides:
- (1) The JFS 01501 "Application for Kinship Permanency Incentive" (rev. ~~7/2017~~9/2017).

- (2) Verification that the caregiver has obtained legal custody or guardianship on or after July 1, 2005.
- (3) Verification of income. Exclusions of reported income are as follows and shall not be included in the income calculation for eligibility:
- (a) Child support paid out to another custodian for a child in the other custodian's care. The total amount of child support paid out shall be deducted from the gross income.
 - (b) Up to one hundred dollars per month per child of any child support received on behalf of the child(ren) for whom the kinship caregiver is applying for the KPI program.
 - (c) Any Ohio works first (OWF) payments.
 - (d) Any income of minor children, including employment income and social security benefits paid to a child.
 - (e) Supplemental security income (SSI) payments and social security disability income (SSDI) payments.
 - (f) Adoption subsidy payments and foster care reimbursements.

(G) When the kinship caregiver(s) submits an application for re-determination, the PCSA shall review the eligibility requirements in paragraph (E)(1) to (E)(4) of this rule with the kinship caregiver(s) to ensure the requirements continue to be met by the kinship caregiver's family.

~~(1) The PCSA shall ensure that the requirements in paragraphs (E)(1) to (E)(4) of this rule continue to be met by the kinship caregiver's family.~~

~~(2) If there are any new adults in the home, the PCSA shall conduct background checks on the adult(s) pursuant to paragraphs (B)(3) and (B)(9) of rule 5101:2-42-18 of the Administrative Code.~~

~~(3) If the kinship caregiver(s) has moved to a new address, the PCSA shall ensure that the home meets the requirements listed in paragraph (B)(5) of rule 5101:2-42-18 of the Administrative Code.~~

(H) At the time of the kinship caregiver's initial application or re-determination, the PCSA in the county in which the kinship caregiver(s) resides shall:

- (1) Provide the kinship caregiver(s) with the [JFS 01501](#) upon request.
- (2) Determine eligibility for the initial incentive payment.
- (3) Notify the kinship caregiver(s) of the approval, denial or incomplete application in accordance with paragraphs (I) and (J) of this rule.

- (4) Inform the kinship caregiver(s) that subsequent payments require re-determination of eligibility every six months and that the kinship caregiver(s) must submit another application.
- (5) Notify the kinship caregiver(s) at least thirty, but not more than sixty, calendar days prior to the eligibility for a subsequent incentive payment that the kinship caregiver(s) must submit a [JFS 01501](#) and verifying documentation to enable the PCSA to determine eligibility.
- (6) Determine continuing eligibility for subsequent incentive payments as long as the kinship caregiver(s) resides in that county.
- (7) Notify the kinship caregiver(s) of the approval, denial or incomplete application for subsequent incentive payments in accordance with paragraphs (I) and (J) of this rule.
- ~~(8) Conduct a face-to-face or telephone interview with the kinship caregiver(s) to determine eligibility no less frequently than annually.~~
- (I) The PCSA shall approve or deny the application for KPI based on criteria identified in paragraphs (E)(1) to (E)(5) of this rule and provide written notification on the "Notice of Approval for Kinship Permanency Incentive Funds" or the "Notice of Denial for Kinship Permanency Incentive Funds" reports generated from the statewide automated child welfare information system (SACWIS) to the kinship caregiver(s) of its decision within fifteen business days of receipt of the completed [JFS 01501](#), supporting documentation, and the results of the background checks.
- (J) When sufficient information is not available to enable the PCSA to approve or deny the application for incentive payments, the PCSA shall provide the kinship caregiver(s) with notification on the "Notice of Incomplete Kinship Permanency Incentive Application" generated from SACWIS that identifies the information needed and informs the kinship caregiver(s) that if information requested is not submitted within ten calendar days the application will be denied. This shall not prohibit the kinship caregiver(s) from reapplying.
- (K) If a kinship caregiver(s) relocates to another Ohio county, the PCSA in the new county of residence is responsible for determining eligibility for subsequent incentive payments. When known, the PCSA in the county in which the kinship caregiver(s) currently resides shall coordinate with the PCSA in the county of former residence in order to secure information regarding prior incentive payments. The PCSA in the county in which the kinship caregiver(s) formerly resided shall share information regarding prior incentive payments and upon request, transfer the case to the PCSA of the kinship caregiver's new county of residence.
- (L) When a PCSA conducts and approves a home assessment in accordance with rule [5101:2-42-18](#) of the Administrative Code for a child's placement with a relative or nonrelative substitute caregiver residing in another county, the PCSA in the county of residence may use the approved home assessment to support KPI program eligibility.

~~(M)~~The kinship caregiver(s) shall notify household that may impact members and any change of

the PCSA of any status change in the eligibility, including any new household address.

~~(N)~~(M) The PCSA may develop an to assist in gathering eligibility approve or deny the application.

Pa interagency agreement with the CDJFS information necessary for the PCSA to

~~(O)~~(N) If a director of a PCSA determines fraudulent incentive, the kinship participate in the KPI program for a kinship caregiver(s) has received a fraudulent incentive shall indicate this in SACWIS.

that a kinship caregiver(s) has received a caregiver(s) shall be ineligible to any child. The PCSA that determines that

~~(P)~~(O) The PCSA shall enter applications and incentive payments into SACWIS.

~~(Q)~~(P) In order to confine KPI expenditures to appropriated state funds, the director of the department of job and family services, or designee, may issue an order at any time suspending the intake of any applications for KPI. During a program suspension, all applicants will be advised that a suspension is in effect. All applications will be denied during the same time that a suspension is in effect. No waiting lists will be established during the periods of suspension.

~~(R)~~(Q) The PCSA shall inform the kinship caregiver(s) of the right to request a state hearing and provide the kinship caregiver(s) with a copy of the [JFS 04059](#) "Explanation of State Hearing Procedures" (rev. 1/2015) upon approval or denial of their application. The kinship caregiver(s) has the right to request a state hearing if the PCSA denies eligibility for KPI, or the application has been acted upon erroneously, or not acted upon with reasonable promptness.

Effective: 3/1/2019

Five Year Review (FYR) Dates: 11/19/2018 and 03/01/2024

Certification: CERTIFIED ELECTRONICALLY

Date: 01/24/2019

Promulgated Under: 119.03

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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.

REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

- Documentation of income that is referenced in Section II
- 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 (<i>first and last</i>)		Name of Kinship Caregiver #2 (<i>first and last</i>)		
Home Address, City, State, and Zip Code				
County of Residence			Telephone Number	
Race/Ethnicity of Caregiver #1 Asian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/>	
<input type="checkbox"/> American Indian/Alaskan Native Origin	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic		
Race/Ethnicity of Caregiver #2 Asian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/>	
<input type="checkbox"/> American Indian/Alaskan Native Origin	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Hispanic		
Education Level of Caregiver #1 School	<input type="checkbox"/> Grade School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Some High	
<input type="checkbox"/> High School Graduate or Equivalent Degree	<input type="checkbox"/> Technical Training	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate	
<input type="checkbox"/> College Degree				
Education Level of Caregiver #2 School	<input type="checkbox"/> Grade School	<input type="checkbox"/> Middle School	<input type="checkbox"/> Some High	
<input type="checkbox"/> High School Graduate or Equivalent Degree	<input type="checkbox"/> Technical Training	<input type="checkbox"/> Some College	<input type="checkbox"/> Associate	
<input type="checkbox"/> College Degree				
Family Members (including kin child):				
Name (<i>First, Last</i>)	Relationship to Caregiver #1	Social Security Number	Date of Birth (<i>mm/dd/yyyy</i>)	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 and the spouse of the kinship caregiver.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly,	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. (Attach another sheet if necessary.)

Child 1

Name of Child (<i>first, last and middle</i>)	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 (<i>first, last and middle</i>)	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 (<i>first, last and middle</i>)	Race/Ethnicity of Child
You are the Child's <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Legal Guardian	<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
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 4	
Name of Child (<i>first, last and middle</i>)	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 5	
Name of Child (<i>first, last and middle</i>)	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? _____	
SECTION IV: AFFIRMATION	
<p>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.</p> <p>I give permission to the agency to contact any other agency or association for information regarding any work with children or any care or supervision of children provided by myself or another household member.</p> <p>I give permission to the agency to contact any other agency for information and/or documentation regarding a previous KPI application or approval for kinship care.</p> <p>I give permission to the agency to access information in the statewide automated child welfare information system (SACWIS).</p> <p>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.</p>	
Signature of Kinship Caregiver/Date	Signature of Kinship Caregiver/Date
<p>Please return this application and all required documentation to your local PCSA at the following address:</p> <p>Name of PCSA _____</p> <p>Attention _____</p> <p>Address _____</p> <p>City, State, Zip _____</p>	

Franklin County Children Services Matching Kinship Incentive Funds

KPIP – FCCS Matching was established on October 1, 2006 to further assist relative and other kin persons who obtained legal custody of youth under the former custody of Franklin County Children Services.

Who is eligible?

Youth who have applied under the JFS KPIP program after 10/01/06. Youth had to be under the custody of Franklin County Children Services prior to legal custody. Youth must continue to meet all requirements for the JFS KPIP program.

What financial matching funds are youth eligible for?

You are eligible for matching funds (\$300 dollars at each 6 month interval) at redetermination of the JFS KPIP program.

Do I have to apply to get matching funds?

No once you have been approved you are automatically considered for this program. An approval letter will be sent to you at redetermination.

If you have questions about the matching program please contact:

Dana Robertson
Phone: 614-275-2642
Email: kpi@fccs.us

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small>	Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later*.



KINSHIP ASSISTANCE PROGRAM

DECLARATION OF ZERO INCOME

I, _____, report that I have had zero income for the last thirty (30) days. I am receiving assistance in the following areas from the following persons/agencies:

(CHECK ALL THAT APPLY AND COMPLETE THE COLUMN TO THE RIGHT)

- Rent My rent is \$ _____ per month.
 I am living with _____, who pays the rent.
 I receive assistance with rent from _____
- Food I receive assistance with food from _____
- Transportation I receive assistance with transportation from _____
- Utilities I receive assistance with my utilities from _____
- Child Care I receive assistance with child care from _____

(PLEASE PROVIDE THE NAME AND ADDRESS FOR ANY PERSON/AGENCY LISTED ABOVE.)

NAME OF PERSON/AGENCY	STREET NAME	CITY, STATE, ZIP

I certify that the above information is an accurate account of my current financial situation.

 Applicant Signature

 Date



**ACCOUNTS PAYABLE
AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYMENT**

PLEASE TYPE OR PRINT LEGIBLY

Vendor Name _____

DBA,%, ATTN _____

Remit Address _____

City, State Zip + 4 _____

Fiscal Contact _____

Phone Number _____

Email (REQUIRED)* _____

*EFT remittance notices are emailed once payment has been processed.

****An ORIGINAL voided check or SIGNED ORIGINAL bank document must accompany this completed agreement verifying the bank name, account holder name, routing number, and account number. Deficient or incomplete submissions will not be accepted.****

Financial Institution: _____

Routing Number: _____

Account Number: _____

I hereby authorize Franklin County, hereinafter called the County, to deposit amounts due me into my financial institution to the credit of my account as indicated above. In the event of erroneous deposit(s), I authorize the County to make corrections with my financial institution by debiting or crediting my account. If the financial institution is unable to make the correction, the amount in question will be immediately remedied by means of a check made payable to the Franklin County Treasurer. This authority is to remain in full force and effect until the County has received written notification from me of its termination in such time and in such manner as to afford the County a reasonable time to act on it. It is my responsibility to notify the County in writing whenever there is any change in the account information, including any change in the routing or account numbers.

Printed Name: _____

Signature: _____ Date: _____

FOR ORIGININATION AGENCY USE ONLY	
VENDOR:	FISCAL CONTACT:
AGENCY NAME:	PHONE:



June 28, 2023

Family, Children, and Adult Services Procedure Letter No. 405

TO: All Family, Children, and Adult Services Manual Holders
FROM: Matt Damschroder, Director
SUBJECT: Three Hundred Percent of Poverty Guidelines for the Kinship Permanency Incentive (KPI) Program.

Pursuant to Ohio Revised Code section 5101.801 and Ohio Administrative Code rule 5101:2-40-04, the following schedule is to be used only when determining whether families are eligible to receive Kinship Permanency Incentive (KPI) payments. The schedule represents 300% of the 2023 Federal Poverty Guidelines (published in the Federal Register, Vol. 88, No. 12, January 19, 2023, pp. 3424-3425) rounded to the nearest dollar and adjusted for family size. The updated eligibility guidelines are effective July 1, 2023.

FAMILY SIZE	300% OF FEDERAL POVERTY GUIDELINES
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680
For each additional person add	\$15,420

INSTRUCTIONS:

The following chart depicts what materials should be deleted from the Family, Children and Adult Services Manual (FCASM) and what materials are to be inserted in the FCASM.

LOCATION	REMOVE AND FILE AS OBSOLETE	INSERT/REPLACEMENT
PROCEDURE LETTERS	FCASPL No. 391	FCASPL No. 405

30 East Broad Street
Columbus, OH 43215
jfs.ohio.gov