



Initial Application for the Guardianship Assistance Program (GAP) Subsidy

Select the Program you are applying for:

GAP – Guardianship Assistance Program

TGAP- Tribal Guardianship Assistance Program

General Information

This form helps us gather information to negotiate the monthly cash subsidy amount.

To do this, we will:

- Look at what the child or youth needs now and in the future.
- Consider what the family’s circumstances are.

Our goal is to fully understand the needs of both the child or youth and the family to determine the monthly amount. This is just the beginning. A specialist will work with the family to ensure all necessary information is included.

Directions:

- Fill out one form for each child or youth.
- Once you complete and sign this form, submit it to your case worker. An Headquarters (HQ) GAP Specialist will contact you to discuss the GAP subsidy in detail.
- Don’t worry if you get stuck on a question – the HQ GAP Specialist is there to help.

SECTION 1 – Applicant Information

Child or Youth

Name of Child or Youth (*First, Last, Middle*) _____

Date of Birth _____

Case ID _____

Prospective Guardians

Complete each section for each guardian.

Guardian 1

Name of Guardian (*First, Last, Middle*) _____

Date of Birth _____

Relationship to Youth (example – uncle, grandparent) _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____ Email _____

Guardian’s primary language if not English _____

Do you need an interpreter? Yes No

Guardian 2 If there is only 1 guardian, check N/A

Name of Guardian (*First, Last, Middle*) _____

Date of Birth _____

Relationship to Youth (example – uncle, grandparent) _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Guardian's primary language if not English _____

Do you need an interpreter? Yes No

Section 2 – Benefits Requested – Choose the Benefits You Want

Mark the boxes for the benefits you want for the child or youth you will become the legal guardian of.

Benefits Requested

Monthly Subsidy: Monthly cash to help with the child's needs. The amount is decided based on [WAC 110-85-0100](#) and cannot be more than part of the foster care rate (not including childcare or special plans).

Medicaid Title XIX Coverage (Medical/Dental): Medical and dental benefits for children or youth in GAP. If you live in Washington State, you may get Apple Health Core Connections. If you move out of state, Washington might not give medical coverage.

Guardianship Finalization Costs: Up to \$2,000 to pay back legal costs to finalize guardianship. Must be pre-approved.

Section 3 - Successor Guardian

A successor guardian is someone who becomes the legal guardian if the current guardian dies or can't take care of the child anymore.

- The GAP subsidy (financial help) can go to the successor guardian named in the GAP agreement.
- We strongly encourage all guardians to have a plan for a successor guardian.
- If you need to change the name of the successor guardian later, you can do so by contacting your HQ GAP Specialist.

Successor 1

Name (*First, Last, Middle*) _____

Date of Birth(M/D/YYYY) _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Successor 2 If only 1 guardian, check N/A

Name (*First, Last, Middle*) _____

Date of Birth(M/D/YYYY) _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____

Email _____

Section 4: Child or Youth Information

- Check appropriate boxes
- Provide details of the type of activities if any boxes are checked.
- Thinking of the future, describe the activities the child or youth might participate in.

Education Related Information

Age of child/youth at time of application _____

Grade Level of School Aged Children/Youth _____ Not of School Age Birth to 3/HeadStart/Preschool

Check all that apply to the child or youth currently.

- | | |
|---|---|
| <input type="checkbox"/> IEP | <input type="checkbox"/> HeadStart or Preschool |
| <input type="checkbox"/> 504 Plan/Behavioral Plan | <input type="checkbox"/> Running Start |
| <input type="checkbox"/> Birth to Three | <input type="checkbox"/> AP/Advanced classes |
| <input type="checkbox"/> Vocational School | <input type="checkbox"/> Other |

Describe in detail the types of activities selected in other.

Is there anything else you want us to know or think about?

Services from Other Agencies (Now or in the Future)

Does the child or youth get any of these services now, or will they get them after guardianship is finalized?

- Social security services (any type). Yes No
 - If yes, describe the type and include the amount:
- Developmental Disabilities Administration (DDA) services. Yes No
 - If yes, describe the type and include the amount:

Extracurricular activities (community-based and/or school)

Check all that apply child or youth currently.

What extracurricular activities are your child or youth currently participating in or the last 6 months?

- Extracurricular school activities (examples - band, cheerleading, dance teams, sports, choir, clubs, etc.)
- Extracurricular activities in community (examples - dance, church group, girl/boy scouts, YMCA, sports leagues not associated with school, etc.)
- Tutoring Outside of School
- Other, describe:

Describe in detail the types of activities selected above.

Share any additional information on future activities related to education or extracurricular activities (Community- based and/or school-based).

Section 5: Family Circumstances

Household

Total amount of children/youth in home ___ Total number of adults in home ___

Total number of everyone in home ___

Current Family Financial Resources

Please list financial resources available to your family. Documentation may be necessary if requested.

Financial Source (current monthly income)	Amount
Current family monthly net income (after taxes and other deductions on paycheck) of all adults in home	\$
Supplemental Security Income (SSI), Social security benefits/ Social Security (SSA) / Veterans Benefits (Guardian) of all adults in home.	\$
Child’s Unearned Income (only) all children or youth in the home. Any type of social security income, settlements, or other income not earned.	\$
Child Support received (any children or youth in the home)	\$
Pensions	\$
Alimony/Spousal Support Received	\$
Unemployment Benefits	\$
Capital Gains/Interest/Dividends	\$
Savings: (Amount you have in savings today)	\$
Other:	\$

Describe any anticipated income changes:

Is there anything else you want us to know or think about?

Enter all monthly reoccurring expenses.

Type	Amount	Type	Amount
Mortgage/Rent	\$	Auto Payment(s)	\$
Groceries	\$	Electric/Natural Gas/Power	\$
Water/Sewer/Garbage	\$	Phone	\$
TV Service/Cable/Internet	\$	Car Insurance	\$
Other Insurances (Renter, RV, Life etc.)	\$	Child Support (Paid to someone – if not deducted)	\$
Extracurricular Activities for children and youth (Monthly average gifted programs, sports, clubs etc.)	\$	Memberships/Subscriptions: Gym, Spotify, Netflix etc.)	\$
Transportation/Commuting cost (Fuel, public transportation etc.)	\$	Student Loans	\$
Behavioral Health (not covered by insurance)	\$	Medical Expenses (not covered by insurance)	\$
Dependent Care (Child or elder)	\$	Other (Use next line to describe)	\$

Other (please describe)

Is there anything else you want us to know or think about?

Section 6: Community Based Resources

- Which community resources does your family use? These can include money help or other support services.
- If you are using a resource not listed describe under “Other”.
 - Developmental Disabilities Administration (DDA) and/or Medicaid Personal Care
 - Free Lunch through schools
 - Treehouse Services Describe:
 - Birth to Three / Early Head Start / ECEAP / Developmental Preschool
 - Child Care **Note if DCYF is paying for your child care this will end once the guardianship is ordered. Talk to your case worker or GAP Specialist about other child care options.

- Working Connections Child Care **Note if you are receiving WCCC it may end once the guardianship is ordered. Talk to your case worker or GAP Specialist about other child care options.
- WISe (Funded through Medicaid).
- Housing support (examples - HUD, Section 8, Community Action Funds, etc.)
- Community Programs (examples - clothing closets, food banks, free resources, etc.)
- Other: (examples - Church community, Family community, etc.)

Is there anything else you want us to know or think about?

Section 7: Signature(S) of Applicants

I agree that the details provided here are both true and correct to the best of my knowledge. Not being truthful may result in my form being rejected or my GAP payment being suspended.

Proposed Guardian Signature _____ Date _____

Proposed Guardian Signature _____ Date _____