

Connecticut Department of Children and Families  
**TITLE IV-E GUARDIANSHIP SUBSIDY APPLICATION**  
 DCF-552-G  
 2/19 (Rev.)

Revenue Enhancement Division Use Only	
OLD EMS: _____	NEW EMS: _____
IV-E: <input type="checkbox"/> Yes	<input type="checkbox"/> No
EW: _____	Date: _____



Date:	LINK Case #:	LINK Person ID#:		Date Finalized:	Per Diem Subsidy Amount:
Child LAST Name		Child FIRST Name	DOB:	Gender:	
Race:	Ethnicity:	SS#:	Check one box only: <input type="checkbox"/> Financial & Medical Subsidy <input type="checkbox"/> Financial Subsidy Only <input type="checkbox"/> Medical Subsidy Only		
SW LAST Name	SW FIRST Name	DCF Office:		SW Phone:	
<b>PROPOSED GUARDIAN #1</b>			<b>PROPOSED GUARDIAN #2</b>		
LAST Name:		FIRST Name:	LAST Name:		FIRST Name:
Guardian #1 E-Mail:		Guardian #1 Phone #:	Guardian #2 E-mail:		Guardian #2 Phone #:
Proposed Guardian's Address (No. and Street):		Apartment #:	City:	State:	Zip:
<b>PLEASE RESPOND TO THE FOLLOWING QUESTION BY CHECKING THE APPROPRIATE BOX AND PROVIDING ADDITIONAL INFORMATION AS NEEDED</b>					
Is there a written guardianship subsidy agreement between the Department and the guardian signed prior to finalization of the Transfer of Guardianship?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DECLARATION OF CITIZENSHIP OR ALIEN STATUS / SOCIAL WORKER CERTIFICATION</b>					
Under penalty of perjury, I the undersigned, declare that:					
<input type="checkbox"/> This dependent child is a United States citizen					
<input type="checkbox"/> This dependent child is an alien, currently registered with the Immigration and naturalization Service (INS) and is legally authorized to be in the United States.					
I completed this form as a representative of the Department of Children and Families, which is responsible for the care of this child and certify that the information given on this form is true and complete to the best of my knowledge.					
SW LAST Name:	SW FIRST Name:	SW Signature:			Date: