

Specified-Relative Grant Application Questions (10/7/2013)

To complete an application for the **child-specified Specified Relative Grant**, hand write at the top of the application "Specified Relative Grant" and follow the instructions as they correspond to the numbered questions on the application.

1. Fill out as the primary Kinship Caregiver; this person should remain through the case. Please use current legal name as shown on the Social Security Card.
2. If the Kinship Caregiver has a current Horizons Card, mark yes. If marked no, DWS will send a card.
3. List only the Kinship Caregiver and the child(ren) applying for the Specified Relative Grant. Fill out all fields.
4. List everyone else in the house living with the Kinship Caregiver whom are not applying for benefits. If necessary due to the number of people living in the house hold please list on another sheet of paper and include it with the application. Fill out all fields.
5. List when the child(ren) moved in to the home if less than 3 months.
6. This needs to be filled out beginning January 1, 2014 when the child(ren) have dependent children that they list on their Tax Return.
7. – 10. Answer for the child(ren). If yes answer all fields.
11. Answer for the child(ren) only if the child(ren) are not U.S. citizens. If child(ren) are not U.S. Citizens answer all fields.
12. – 22. Answer for the child(ren). If yes answer all fields.
23. – 29. Answer for the child(ren). If yes answer all fields.
30. – 31. Not needed for Financial or Medical applications.
32. Not needed for Financial. Applies to Medical. Answer for the child(ren). If yes answer all fields.
Note. Only need this information if we are looking at a spend down program.
33. – 37. Financial Section: Answer for the child(ren). If yes answer all fields.
38. – 42. Child Care section. Not needed for Financial or Medical Application
43. – 64. Food Stamp Section. Not needed for Financial or Medical Application
65. – 78. Medical section: Answer for the child(ren). If yes answer all fields.

Signature Page:

- First paragraph print the Primary Kinship Caregiver's name
- Signature: Must be signed by the Primary Kinship Caregiver.
- Food Stamp, Financial, and Child Care Representatives:
 - List the DCFS Kinship workers name, address, phone number
- Medical Representatives:
 - Mark yes and then complete the 114AR Authorization to Disclose Medical Eligibility Information form.

When DWS Kinship/ICPC Experts email the application in, you will need the child's birth certificate and copies of birth certificates and marriage certificates to prove relationship between Kinship Caregiver and child(ren), unless all children and relatives are born in Utah. Talk with your DWS worker about your option for assistance. either child specific or household benefits.