

# DHS-3310, JUVENILE GUARDIANSHIP ASSISTANCE APPLICATION

Michigan Department of Health and Human Services  
State or Title IV-E Funded Juvenile Guardianships  
(Revised 2-23)

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## GENERAL INFORMATION

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This application can be used to request guardianship assistance and/or guardianship medical subsidy. Check all that apply.

**Guardianship Assistance:** Complete A, B, C, D, E and F (See page 5 for information/directions.)

**Medical Subsidy:** Complete A, B, C, D and E (See page 4 for information/directions.)

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## IDENTIFYING INFORMATION PROSPECTIVE GUARDIAN PARENT(S)

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Child's Full Name

Child's Date of Birth

Child's Person ID

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Child's Legal Status

Permanent Court Ward

State Ward (MCI)

Temporary Court Ward

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Applicant's Full Name

Applicant's Date of Birth

Relative

Non-Relative

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Applicant's Full Name

Applicant's Date of Birth

Relative

Non-Relative

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## A. GUARDIANSHIP ASSISTANCE PROGRAM REQUIREMENTS (GDM 700, 715, 720)

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All of the following are documented in the foster care record (See page 5 for information/directions.) Check all that apply:

- The child demonstrates a strong attachment to the prospective guardian.
  - The child has been consulted about guardianship (**must occur for children age 14 or older**).
  - The child is under age 18 (birth certificate is in the file).
  - Reason reunification and adoption have been ruled out as permanency goals for the child.
  - Placement with the guardian is in the child's best interest.
  - The child was placed in the caregiver's home by the department as a foster child due to an order finding that it is contrary to the welfare for the child to remain in the home of their parents.
  - The prospective guardian is a licensed foster parent.
  - All adult household members have completed a criminal history check and child abuse/neglect registry check.
  - The guardian has a strong commitment to caring permanently for the child.
  - The child has been in the prospective licensed guardian's home for six consecutive months.
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## B. FUNDING DETERMINATION

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1. Date prospective guardian became a licensed foster parent. \_\_\_\_\_
2. Prospective guardian's MiSACWIS Provider ID. \_\_\_\_\_
3. Date child was placed in the prospective guardian's home. \_\_\_\_\_

4.  The child:
- Is eligible for title IV-E foster care maintenance payments.
  - The prospective relative guardian is a licensed foster parent, the child has lived with the prospective relative guardian for six months following licensure, or
- The child is eligible for title IV-E foster care maintenance payments, the prospective non-relative guardian is licensed and the child has been in this placement for six consecutive months, or
- The child is **not** eligible for title IV-E foster care maintenance payments, the child is being placed with a non-relative guardian and the child has been in this foster care placement for six consecutive months, or.
- The child is **not** eligible for title IV-E foster care maintenance payments, the child is being placed with a **relative guardian** and the child has been in this foster care placement for six consecutive months.

5. The child is being placed in a guardianship with a sibling(s) at the same time?

- Yes Sibling(s) Name(s): \_\_\_\_\_
- \_\_\_\_\_
- No

6. A criminal history check will be done on all adult members (18 years or older) living in the prospective guardian home. List their full names and dates of birth below:

| Full Name(s) | Date(s) of Birth |
|--------------|------------------|
| _____        |                  |
| _____        |                  |
| _____        |                  |
| _____        |                  |

7. Has the applicant or the adult household members lived outside of Michigan within the last 5 years?

- Yes If yes, list city, state, country: \_\_\_\_\_
- No

### C. DOCUMENTATION REQUIREMENTS

The following documentation must be attached:

- A Determination of Care (DOC) form (DHS-470, 470A, 1254 or 1945) dated within the last six months.
  - Professional documentation that supports the DOC rate, if applicable.
- Completed and signed DHS-668, Notification of DOC Decision (dated within last six months).
- Most recent Updated Service Plan (USP) or Permanent Ward Service Plan (PWSP). Service plans must contain address information addressed in GDM 715 in order to determine eligibility for the guardianship assistance program.
- A copy of the child's birth certificate.
- Completed caregiver's permanency planning checklist, DHS-2051, Caregiver's Permanency Planning Checklist.

- Completed caseworker's permanency planning checklist.
  - DHS-2052, Caseworker's Permanency Planning Checklist (For Permanent Wards- MCI or Court).
  - DHS-2053, Caseworker Permanency Planning Checklist (For Temporary Court Wards).
- CWL-3130, Initial Foster Home/Adoption Evaluation.
  - Copies of most recent Licensing Annual and Renewal within the last year and any addendums.
  - Copies of all Special Evaluations, Corrective Action Plans (CAP) and Corrective Action Plan Outcome reports.
- Criminal clearances: CWL-1326, Licensing Record Clearance Request and RI-030, Live Scan Fingerprint Background Check Request, for all adult household members. The Adoption and Guardianship Assistance Office will receive the results once you receive notification the results are complete. **Note:** The MDHHS-5612-G, Verification of Tribal Guardianship Assistance Safety Requirements, may be used for tribal foster homes.
- A copy of the Division of Child Welfare Licensing (DCWL) email notification for Guardianship Assistance Fingerprint Code (GRD) fingerprint completion and upload for all adults in the household.
- If the prospective guardian(s) have resided outside of Michigan within the last five years, abuse/neglect checks from each state and/or country where they've resided during the last five years must be provided.
- DHS-352, Initial Determination of Appropriate Foster Care Funding Source and most recent redetermination.
- DHS-591, Juvenile Guardianship Best Interest Determination for Temporary Court Wards only (dated within the last six months).
- Court order that authorized the most recent out-of-home placement episode (with contrary findings).  
**Note: If there is a change in conditions prior to the Order of Guardianship being signed, a DHS-4817- G, Juvenile Guardianship Assistance Program Change Request must be submitted by the worker/ agency prior to the guardianship being appointed.**

#### **D. MEDICAL SUBSIDY INFORMATION (SEE GDM 735)**

- |   |  |
|---|--|
| Does the child have any of the following conditions? (Identify any known conditions.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prenatal Drug/Alcohol Exposure (attach medical birth record).                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physical/Medical (list conditions):   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Developmental (list conditions):  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health (list conditions):  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Note: If there is a change in conditions prior to the Order of Guardianship being signed, a DHS-4817- G, Juvenile Guardianship Assistance Program Change Request must be submitted by the worker/ agency prior to the guardianship being appointed.**

#### **E. DOCUMENTATION REQUIREMENTS FOR MEDICAL SUBSIDY (SEE GDM 735)**

- Check if applicable to indicate required documentation is enclosed with application packet.
- For medical subsidy: Signed professional documentation for each condition (dated within the last 12 months), as outlined in GDM 735.

**I certify that I have reviewed the case record for the above child and all of the information listed above is accurate.**

Agency Name

Agency Address

City

State

Zip Code

Assigned Foster Care Specialist Printed Name

Assigned Foster Care Specialist Signature

Assigned Foster Care Specialist Telephone Number Assigned Foster Care Specialist Email Address

Foster Care Supervisor Printed Name

Foster Care Supervisor's Signature Date

Foster Care Supervisor's Telephone Number

Foster Care Supervisor's Email Address

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

**AUTHORITY:** PA 260 of 2008

**RESPONSE:** Required.

**PENALTY:** Ineligible for assistance.

## **INFORMATION/DIRECTIONS**

### **GENERAL INFORMATION**

The foster care worker completes this form when a family has been identified as an appropriate family to pursue juvenile guardianship of the child until the age of majority and the family is requesting a determination of eligibility for the Guardianship Assistance Program and/or Guardianship Medical Subsidy.

- Each section of the application must be completed in its entirety and required supporting documents must be submitted with the application. All Yes/No questions must be answered.
- Complete the DHS-3310, Juvenile Guardianship Assistance Application when the prospective guardian family is requesting Guardianship Assistance, and/or Guardianship Medical Subsidy. When adding new conditions after an initial application for guardianship medical subsidy has been submitted a change request can be submitted.

### **IDENTIFYING INFORMATION PROSPECTIVE GUARDIAN PARENT(S)**

- Complete all information regarding the child, prospective guardian parent(s) and the agency in this section.

#### **A. ELIGIBILITY INFORMATION**

- Ensure all of the information is documented in the foster care case record or foster care record.

#### **B. FUNDING INFORMATION**

- Complete all requested information.

#### **C. DOCUMENTATION REQUIREMENTS FOR SUPPORT**

- Provide applicable information concerning criminal history of any member in the prospective guardian parent(s) household. Reminder: attach CWL-1326, Licensing Record Clearance Request and RI-030, Live Scan Fingerprint Background Check Request, for each adult household member.
- Check each applicable box to verify required documentation is enclosed with the application packet.
- The Adoption and Guardianship Assistance Office may request additional documentation during the review process.

#### **D. MEDICAL SUBSIDY ELIGIBILITY INFORMATION**

- Check applicable boxes, list conditions, and submit current supporting professional documentation.
- Signed professional documentation (dated within the last 12 months) identifying the condition(s) and providing status and treatment of the condition(s) must be submitted with the application packet, for medical subsidy.

#### **E. MEDICAL SUBSIDY**

Attach professional documentation.

### **APPLICATION SUBMISSION**

The completed DHS-3310, Juvenile Guardianship Assistance Application and all required supporting documentation **MUST** be uploaded into the documents link of the Subsidy tab.

Foster Care workers still must scan and emailing app and docs to the Adoption & Guardianship Assistance Office at [MDHHS-AGAO-apps-and-openings@michigan.gov](mailto:MDHHS-AGAO-apps-and-openings@michigan.gov).