

State of Connecticut
Department of Children and Families

FACE SHEET FOR SUBSIDIZED GUARDIANSHIP RECORD

To Be Completed by the Child's Social Worker

Guardian(s):

Name	Name	
Address	Telephone:	Home: Work:

Child:

Name	Social Security Number	Date of Birth
New SG LINK Case Number	LINK Provider Number	Medical Number
☐ Monthly Subsidy Amount: \$_____		
☐ Medical Subsidy		
☐ Exceptional Expense Subsidy Amount: \$_____		

Include These Forms in the Subsidy Record:

- ☐ DCF-2158 Assessment of Child and Family for Subsidized Relative Guardianship
- ☐ DCF-2045G Report of Permanency Placement Team for a Subsidized Relative Guardianship
- ☐ DCF-2159 Application for a Guardianship Subsidy
- ☐ DCF-418-I-G Initial Agreement for a Relative Guardianship Subsidy. (For a medically fragile rate, attach DCF-2101, Certification of a Child's Complex Medical Needs)
- ☐ JD-JM-76 Revocation of Order of Commitment/Custody and Order of Custody/Guardianship
- ☐ MA1 Medical Assistance Form
- and
- ☐ W-1HUS HUSKY Application - For CT residents only - (Worker completes Sections A,B,C,E,G, & I), relative signs form

Social Worker	Regional Office	Date
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For Use by Subsidized Guardianship Unit Only:

Date of Transfer of Guardianship: _____		EMS Update:
LINK:	Provider Update: Case Update:	ACCESS Entry:
Subsidy Worker's Name:		