



State of Florida  
Department of Children and Families


Ron DeSantis  
Governor



Shevaun L. Harris  
Secretary

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**DATE:** October 12, 2021

**TO:** Regional Managing Directors  
Community-Based Care Lead Agency (CBC) CEOs  
Sheriff's Offices Conducting Child Protective Investigations

**THROUGH:**  Taylor Hatch, Deputy Secretary

**FROM:** Stefanie Camfield, Assistant Secretary for Child Welfare   
Sharron Washington, Assistant Secretary for Operations 

**SUBJECT:** Permanent Guardianship Staffing Checklist

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**PURPOSE:** The purpose of this memorandum is to provide notification of the new Permanent Guardianship Staffing Checklist (CF-FSP 5456, available in DCF Forms) which is required prior to case closure on all cases with a goal of permanent guardianship. The checklist will enhance customer service for children and families by ensuring an accurate assessment of benefits and services are completed prior to case closure.

**BACKGROUND:** The Guardianship Assistance Program (GAP) is a benefits program available to families that are close to permanent guardianship and meet GAP eligibility requirements. The Permanent Guardianship Staffing Checklist was created to ensure that families are not unintentionally made ineligible for GAP due to an incomplete assessment of program eligibility prior to case closure. The form specifically outlines the GAP eligibility requirements to ensure that all components of the program have been reviewed prior to case closure and is due within seven business days prior to a hearing in which the child may be discharged to permanent guardianship.

The Permanent Guardianship Staffing Checklist must be completed on all cases with a goal of permanent guardianship and signatures obtained prior to case closure. The completed form must be uploaded into the case filing cabinet in FSFN.

**ACTION REQUIRED:** Please share this memorandum with all appropriate staff in the regions, circuits, community-based care lead agencies, case management organizations, and sheriff offices conducting child protective investigations.

**CONTACT INFORMATION:** If you have questions or need clarification regarding this memorandum or the new checklist, please contact Teanna Houston, Statewide Foster Home Licensing Specialist, at [Teanna.Houston@myflfamilies.com](mailto:Teanna.Houston@myflfamilies.com) or 850-717-4203.

Attachment: Permanent Guardianship Staffing Checklist CF-FSP 5456

cc: Regional Family and Community Services Directors  
Grainne O'Sullivan, Statewide Director, Children's Legal Services  
Center for Child Welfare

2415 North Monroe Street Suite 400, Tallahassee, Florida 32303



## Permanent Guardianship Staffing Checklist

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Provider Name and Provider ID: \_\_\_\_\_

1.  Yes  No .....Is the current caregiver a licensed foster parent?
  - a. If yes, what is the date of initial licensure? \_\_\_\_\_
  - b. When does the current license expire (provide date)? \_\_\_\_\_
2.  Yes  No .....Has the child been in the licensed placement with the current caregiver for six consecutive months and eligible to receive a foster care board payment?
3.  Yes  No .....Has the fictive kin relationship been documented in FSFN for non-relative caregivers?
  - a. If yes, what date? \_\_\_\_\_
4.  Yes  No .....Has the family applied or expressed interest in applying for GAP benefits?
5.  Yes  No .....Has the GAP unit been notified of the upcoming closure hearing date?
6.  Yes  No .....Has an application for GAP been completed by the caregiver?
  - a. If yes, what date? \_\_\_\_\_
7.  Yes  No .....Has the Permanent Guardianship Case Plan been completed with the GAP language?
8.  Yes  No .....Has the Guardianship Assistance Agreement been signed by all parties (caregiver, CBC/subcontractor, and DCF if requesting an enhancement)?
  - a. If so, what is the last signature date? \_\_\_\_\_

### Required Signatures

Title	Name	Signature	Date (mm/dd/yyyy)
Primary Case Manager			
Case Management Supervisor			
CBC Leadership			
Guardianship Assistance Program Staff			

*The signatures above are attesting to the review of this staffing form. The Permanent Guardianship Staffing Checklist must be signed by a designee of each category prior to submission to Children's Legal Services.*

This Permanent Guardianship Staffing Checklist must be completed on all cases with a goal of permanent guardianship prior to case closure. The completed form must be uploaded into the case filing cabinet in FSFN. If "No" has been selected for any of the questions above, the child/family is **NOT** eligible for the Guardianship Assistance Program.