

# Kin-GAP MUTUAL AGREEMENT FOR NONMINOR FORMER DEPENDENTS

CASE NAME

BIRTH DATE

CASE NUMBER

I request that the \_\_\_\_\_ Child Welfare Services/Probation Department or  
(circle appropriate public agency)

\_\_\_\_\_ Tribe maintain my extended Kin-GAP payment.

Recognizing my responsibility, I agree to:

1. Assist the responsible public agency in determining my financial need and eligibility while receiving a Kin-GAP payment.
2. Update/notify the responsible public agency and relative guardian if there are any changes in my circumstances or living arrangements.

Select criteria below:

3. ☐ I am over 18 years old and have a documented physical or mental disability that warrants continuation of Kin-GAP assistance until I am 21 years old pursuant to Welfare and Institutions Code (W&IC) sections 11363(c)(2) and 111386(g)(2).
4. ☐ I meet at least one of the five participating criteria as set forth in W&IC section 11403(b). I am (check all that apply):
  - ☐ Completing high school or an equivalency program.
  - ☐ Enrolled or enrolling in a post-secondary or vocational school.
  - ☐ Participating in a program or activity that promotes or removes barriers to employment.
  - ☐ Employed at least 80 hours per month.
  - ☐ Incapable of participating in 1-4 above, due to a documented physical or mental condition.
5. Keep the responsible public agency informed of my progress with my education/training program

SIGNATURE OF Kin-GAP YOUTH/AUTHORIZED REPRESENTATIVE

Kin-GAP YOUTH'S ELIGIBILITY WORKER

ADDRESS

ADDRESS

HOME TELEPHONE

ALTERNATE TELEPHONE

OFFICE TELEPHONE

DATE

DATE