

Relative and Kinship Maintenance Verification Form

This form must be used to apply for TANF Relative Maintenance, for those who are applying to receive Relative Maintenance or Kinship Care Support Payment (Fictive Kin). If you are choosing to apply for TANF Relative Maintenance, then a TANF application must be submitted in addition to this form.

Instructions: Complete the fields below for the relative/caretaker responsible for the child(ren) and the child(ren) who are living with a relative/caretaker to avoid placement into foster care.

I. Relative/Caretaker Information

Relative/Caretaker #1 - Name		Relative/Caretaker #2 - Name	
Phone		Phone	
Email Address		Email address	
Physical Address		Physical Address	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the primary language spoken in your household?

☐ English
 ☐ Spanish
 ☐ Arabic
 ☐ Cambodian
 ☐ Chinese
 ☐ Farsi
 ☐ French
 ☐ German
 ☐ Haitian-Creole
 ☐ Japanese
 ☐ Korean
 ☐ Laotian
 ☐ Kurdish
 ☐ Somali
 ☐ Vietnamese
 ☐ Other _____

What is the preferred method of payment issuance? (Note: If a valid Social Security Number is not provided, a Debit Card cannot be issued.)

☐ Check
 ☐ Direct Deposit
 ☐ Debit Card

II. Child's Information

Child #1 – First Name		Date of Birth		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Last Name		U.S Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:	
Child's relationship to the caretaker?	<input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin	If Relative, please specify relationship? _____			
Date of signed Parental Child Safety Placement Agreement?		What assistance is being requested for child #1? <input type="checkbox"/> TANF Relative Maintenance <input type="checkbox"/> Kinship Care			
Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> I choose not to answer Racial Heritage: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I choose not to answer					

Child #2 – First Name		Date of Birth		<input type="checkbox"/> Female <input type="checkbox"/> Male	
Last Name		U.S Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSN:	
Child's relationship to the caretaker?	<input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin	If Relative, please specify relationship? _____			

Date of signed Parental Child Safety Placement Agreement?		What assistance is being requested for child #2? <input type="checkbox"/> TANF Relative Maintenance <input type="checkbox"/> Kinship Care
Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> I choose not to answer Racial Heritage: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I choose not to answer		

Child #3 – First Name		Date of Birth		<input type="checkbox"/> Female <input type="checkbox"/> Male						
Last Name		U.S Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSN: <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Child's relationship to the caretaker?	<input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin	If Relative, please specify relationship? _____								
Date of signed Parental Child Safety Placement Agreement?		What assistance is being requested for child #2? <input type="checkbox"/> TANF Relative Maintenance <input type="checkbox"/> Kinship Care								
Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> I choose not to answer Racial Heritage: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I choose not to answer										

Child #4 – First Name		Date of Birth		<input type="checkbox"/> Female <input type="checkbox"/> Male						
Last Name		U.S Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SSN: <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Child's relationship to the caretaker?	<input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin	If Relative, please specify relationship? _____								
Date of signed Parental Child Safety Placement Agreement?		What assistance is being requested for child #2? <input type="checkbox"/> TANF Relative Maintenance <input type="checkbox"/> Kinship Care								
Providing the following information is voluntary and will not affect eligibility. Please check all that apply. Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> I choose not to answer Racial Heritage: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> I choose not to answer										

<u>Commonwealth of Virginia Voter Registration Agency Certification</u> If you are not registered to vote where you live no, would you like to apply to register to vote here today? (Please check only one) <input type="checkbox"/> I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote. <input type="checkbox"/> Yes, I would like to apply to register to vote. (Please fill out the voter registration application form) <input type="checkbox"/> No, I do not want to register to vote. <ul style="list-style-type: none"> If you do not check any box, you will be considered to have decided not to register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with Secretary of the Virginia Board of Elections, Washington Building, 110 Bank Street, Richmond, VA 23219-3497, Telephone (804) 864-8901.
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COMPLETE AND ACCURATE INFORMATION

You must give complete, accurate, and truthful information. If you do not give needed information, we may not be able to determine your eligibility for assistance. If you knowingly give false, incorrect or incomplete information, or fail to report changes, you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information to help someone else receive benefits, you could be arrested and prosecuted for fraud.

VERIFICATION AND USE OF INFORMATION

Information you give on this application, including Social Security numbers (SSN), may be matched against federal, state, and local records. These records include:

- Virginia Employment Commission (VEC)
- Department of Motor Vehicles (DMV)
- Internal Revenue Service (IRS)
- US Citizenship and Immigration Services (USCIS)
- Social Security Administration (SSA)
- Income and Eligibility Verification System IEVS)

REPORTING CHANGES

You must report changes that occur. Report within 10 days, but no later than the 10th day of the month after a change occurs. Report these changes:

- Your address changes.
- An eligible individual leaves the home.
- A parent of an eligible individual enters the home.

PENALTIES FOR PROGRAM VIOLATIONS

If you knowingly give false, incorrect, or incomplete information, or fail to report changes, then you could lose your benefits and be arrested, prosecuted, fined and/or imprisoned. If you knowingly give false, incorrect, or incomplete information to help someone else receive benefits, you could be arrested and prosecuted for fraud.

BY MY SIGNATURE BELOW, I DECLARE:

I have read and understand the Voter Registration, Complete and Accurate Information, Verification and Use of Information, Reporting Changes and Penalties sections of this application.

Applicant's Signature or Mark

Date

III. Referring Agency

LDSS Name		LDSS Phone Number	
Address		City, State, Zip Code	
Family Services Specialist Name		FSS Email address	
FSS Telephone Number			
FSS Signature		Date Signed	
Supervisor's Name		Supervisor's Email address	
Supervisor's Telephone Number		Date copy provided to the applicant	

RMP - Income Declaration Addendum

This addendum must be used to verify the annual income for those who are applying to receive Relative or Kinship Care (Fictive Kin) Maintenance.

Due to the limited funding for the TANF Relative Maintenance Support Payment and Kinship Care program, effective 07/01/2024, the gross income of the caretaker and the caretaker's spouse must be screened at 400% of the Federal Poverty Level (see Appendix 5 to Section 304). * **If the caretaker is not married, but the natural or adoptive parent of the caretaker's child(ren) resides in the household, their income must be included in the income screening.**

Instructions: Complete the fields below for the relative/caretaker responsible for the child(ren), spouse (if applicable), parent of children in common (if applicable), and the child(ren) who are living with a relative/caretaker to avoid entry into foster care. Please attach this addendum to the Relative Maintenance Verification form.

I. Relative/Caretaker and Child(ren) Information

Relative/Caretaker - Name		Spouse or * Parent - Name	
Gross Monthly Earnings (before taxes)		Gross Monthly Earnings (before taxes)	
Gross Monthly Unearned Income (before any deductions)		Gross Monthly Unearned Income (before any deductions)	
Type of Unearned Income		Type of Unearned Income	

Child #1 - Name		Child #2 - Name	
Gross Monthly Unearned Income		Gross Monthly Unearned Income	
Type of Unearned Income		Type of Unearned Income	

Child #3 - Name		Child #4 - Name	
Gross Monthly Unearned Income		Gross Monthly Unearned Income	
Type of Unearned Income		Type of Unearned Income	

Does anyone in your household receive public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many children under 18 years of age do you have that reside in your household?
If yes, for whom?		
If yes, what type(s)?		
<input type="checkbox"/> TANF <input type="checkbox"/> SNAP <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Child Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Adoption Assistance <input type="checkbox"/> SSI <input type="checkbox"/> General Relief <input type="checkbox"/> Auxiliary Grants <input type="checkbox"/> Other		

DISCLAIMER

If your household income exceeds 400% of the federal poverty level (FPL) at application or during the redetermination process, you may be required to declare a financial hardship in order to receive assistance.

Will caring for the child(ren) create a financial hardship for your household? ☐ Yes ☐ No

BY MY SIGNATURE BELOW, I DECLARE:

I have read and understand the Complete and Accurate Information, Verification and Use of Information, Reporting Changes and Penalties sections of this application.

Applicant's Signature or Mark

Date

II. Referring Agency

LDSS Name		LDSS Phone Number	
Address		City, State, Zip Code	
Family Services Specialist Name		FSS Email address	
FSS Telephone Number			
FSS Signature		Date Signed	
Supervisor's Name		Supervisor's Email address	
Supervisor's Telephone Number		Date copy provided to the applicant	