Case Name:

Case Number:

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY AT YOUR LOCAL DCF OFFICE. DO NOT SIGN THIS FORM IN ADVANCE.

TANF and/or Child Care Protective Payee Agreement

On this _____ day of _____, 20___,

_____ and the Kansas Department for
(Payee Name)

Children and Families enter into the following agreement on behalf of the child (children) of

(PI)_____.

The Protective Payee agrees to:

1. Use the Temporary Assistance to Needy Families cash benefit issued on behalf of the children for their needs by using the assistance payment in such a manner as to meet the current and necessary items of need for the family. Payments include housing costs, utilities and any other necessary items. Child care payments are to be used only for approved child care services. (Misuse of funds is a prosecutable offense).
2. Treat information shared by the agency or family as confidential and discuss such information only with the agency or family members. Information should only be shared as necessary to provide the service needed.
3. Submit to suspicion-based drug testing at your own expense, if required by KEESM section 2260..

Signed _____ Date _____
(Protective Payee)

Address: _____

Phone: _____

You must contact the DCF office to establish a password in order to utilize EBT payments.

Subscribed and sworn to me, In the state of Kansas, county of _____

on this day _____, 20____

_____

Notary Public