Case	Name:
Case	Number:

Notary Public

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

TANF Protective Payee Agreement				
On this	day of	, 20,		
		_ and the Kansas Department for		
Childre	(Payee Name) n and Families enter into the following agreement on bel	nalf of the child (children) of		
(PI)	·			
The Pro	otective Payee agrees to:			
1.	Use the Temporary Assistance to Needy Families cash be for their needs by using the assistance payment in such necessary items of need for the family. Payments include necessary items. (Misuse of funds is a prosecutable offer	a manner as to meet the current and le housing costs, utilities and any other		
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. 4.	Submit to suspicion-based drug testing at your own expenditure DCF to conduct a background check using Prosocial security number on the Child Abuse-Neglect Registo be approved if their name appears on the Child Abuse	tective Payee name, all alias names and try. The Protective Payee is not eligible		
	Date _			
	(Protective Payee) S:			
An EBT	card will be mailed to you.			
Subscri	bed and sworn to me, In the state of Kansas, county of $_$			
on this	day, 20			