

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 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. (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.
4. Authorize DCF to conduct a background check using Protective Payee name, all alias names and social security number on the Child Abuse-Neglect Registry. The Protective Payee is not eligible to be approved if their name appears on the Child Abuse-Neglect Registry.

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Protective Payee)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

An EBT card will be mailed to you.

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

on this day \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public