

**Title IV-E Plan Pre-Print Attachment – Election to Participate in Kinship Navigator Program
During COVID-19 Public Health Emergency Period
(April 1, 2020 – September 30, 2021)**

Instructions: Title IV-E agencies must submit this attachment to the Title IV-E Plan Pre-Print to receive title IV-E Kinship Navigator funding for periods between April 1, 2020 and September 30, 2021, as authorized by section 474(a)(7) of the Social Security Act and Public Law 116-260, Division X, Section 8 of the Consolidated Appropriations Act, 2021.

I certify that _____
(Name of title IV-E Agency)

will implement a Title IV-E Kinship Navigator Program, that meets the requirements described in section 427(a)(1) of the Act and/or allowable use of funds described in section 8(c) of Division X of P.L. 116-260 and the program will be, or is in the process of being evaluated for the purpose of building an evidence base to later determine whether the program meets the title IV-E evidence based standard requirements (section 8(b) of Division X).

The agency has selected to implement the

_____,
(Name of the Kinship Navigator Program)

The date during the COVID-19 Public Health Emergency Period (no earlier than April 1, 2020) on which the title IV-E agency began/continued implementation or will begin implementation of the kinship navigator program is:

_____.

The attached narrative description provides the following additional information on the kinship navigator program, as required by ACYF-CB-PI-21-05:

- the target population and service area for the program;
- how the title IV-E agency plans to implement the kinship navigator program (e.g., directly or through contracted service providers)
- how the program is coordinated with other state or local agencies that promote service coordination or provide information and referral services;
- how the development and operation of the program has been and will be informed by consultation with kinship caregivers and organizations representing them, youth raised by kinship caregivers, relevant government agencies, and relevant community-based or faith-based organizations; and
- the agency’s current or planned evaluation activities.

Submitted:

(Date)

(Signature)

CB APPROVAL DATE _____ EFFECTIVE DATE: _____

(Signature, Associate Commissioner, Children's Bureau)