

## **CAREGIVERS AUTHORIZATION AFFIDAVIT**

## NOTICE:

- This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody and control of the minor.
- $\checkmark$  This declaration does not mean that the caregiver has legal custody of the minor.
- ✓ A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- $\checkmark$  This affidavit is valid for one year from the date on which it is executed.
- ✓ If the minor no longer resides with you, you are required to notify LHA, within 30 days of the change.
- $\checkmark$  A separate form is required for each minor.

Caregiver for purposes of this Act means, "an adult, who is not a parent of the child, with whom a child resides and who provides that child with the care, maintenance and supervision consistent with the duties and responsibilities of a parent of the child."

**Qualified Relative** means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, halfbrother, half-sister, uncle, aunt, niece, nephew, first cousin, godparent, member of the child's tribe or clan, an adult with whom the child has a significant bond or any person denoted by the prefix "grand" or "great", or the spouse or former spouse of any of the persons specified in this definition.

I swear or affirm that:

1)	I, reside at:			
•	Printed Name of Caregiver	Address		
		City, State Zip Code		
	Home Phone :( )Work Phone:(	) Cell Phone :( )		
2)	I am eighteen (18) years of age or older.			
3)	resides with me at this address as a result of:			
	(Name of Child) (Date of	of Birth)		
a. b. c. d. e. f. g.	<ul> <li>the primary residency for the minor and have received no objections.</li> <li>The death, serious illness, incarceration or military assignment of the parent or legal guardian; the parent fails or is unable to provide adequate financial support or parental care or guidance.</li> <li>The parent or others in his/her residence have allegedly abused or neglected the child.</li> <li>The parent has a physical or mental condition which prevents adequate care and supervision of the child.</li> <li>The child's home is uninhabitable due to loss, damage, or disrepair.</li> <li>The parents or person with legal custody cannot be contacted or located.</li> </ul>			



I, (print your name) \_\_\_\_\_\_, do declare, certify and state under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge.

## WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Parent Name	Signature	Date
Participant or Resident Name	Signature	Date
Complete Notary Section		
Subscribed and sworn before me		
On this day of	, 20	
SIGNATURE OF NOTARY PUBLIC		
My Commission Expires on		