

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.
- ✓ 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.
- ✓ This affidavit is valid for one year from the date on which it is executed.

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, half-brother, 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: _____
 (Name of Caregiver) (Address)

Contact Information:
 Home Phone:() _____ Work Phone: () _____ Cell Phone:() _____
 (City, State Zip Code)

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 Birth)

- A. _____ the parent is dead, the parent is so sick he/she cannot care for the child, the parent is in jail, or the parent is on military assignment
- B. _____ the parent fails or is unable to provide adequate financial support or parental care or guidance; the
- C. _____ parent or others in his/her residence have allegedly abused or neglected the child;
- D. _____ the parent has a physical or mental condition which prevents adequate care and supervision of the child;
- E. _____ the child's home is uninhabitable due to loss, damage, or disrepair;
- F. _____ the parents cannot be located;
- G. _____ other circumstances. Explanation: _____

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.

 Name Signature Date

Complete Notary Section

 Signature of Notary Public Date

I, _____, a witness, for the

State of _____ in the County of _____

My commission expires on _____