



## **CAREGIVER AFFIDAVIT**

### **PROCEDURES AND GUIDELINES**

The use of a Caregiver Authorization Affidavit authorizes a pupil who lives in the home of a caregiving adult that is located within the boundaries of our district to the designated school within the district. A notarized Caregiver Authorization Affidavit can be approved if the following conditions are met:

1. The Caregiver establishes residency within the district, completing the Statement of Residency and providing the appropriate documentation (AR 5111.1)
2. The pupil resides full-time with the Caregiver (Education Code 48204)
3. The legal parent/guardian provides written support for full-time placement with the Caregiver, when possible
4. Residency will be subject to periodic verification
5. The Caregiver is a Qualified Relative
6. The Caregiver Authorization Affidavit must be renewed annually
7. This form must be notarized by a licensed Notary Public

### CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_

2. Minor's birth date: \_\_\_\_\_

3. My name: \_\_\_\_\_

(adult giving authorization)

4. My home address: \_\_\_\_\_

\_\_\_\_\_

5.  I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").

6. Check the applicable box(es):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

The legal parent/guardian supports their student residing with me full-time and my status as Caregiver for their student and has signed below.

7. My date of birth: \_\_\_\_\_ 8. My CA driver's license or I.D. card number: \_\_\_\_\_

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

**Caregiver Signature:** I, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**Parent/Legal Guardian Signature:** I declare that I am aware that this Affidavit authorizes \_\_\_\_\_ (Name of petitioning Caregiver) to serve as Caregiver for my student and that my student will reside full-time with said Caregiver.

Dated: \_\_\_\_\_

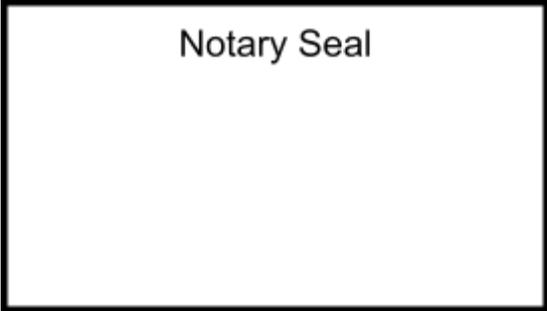
Signed: \_\_\_\_\_

**State of California, County of Santa Clara, this document was signed before me on** \_\_\_\_\_

**By (Name of Person)** \_\_\_\_\_.

**Notary's Signature:** \_\_\_\_\_

**Notary's Expiration Date:** \_\_\_\_\_



**NOTICES**

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

**ADDITIONAL INFORMATION**

**TO CAREGIVERS:**

- 1) "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
- 3) If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- 4) If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

**TO SCHOOL OFFICIALS:**

- 1) Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.

2) The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

**TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:**

1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.

2) This affidavit does not confer dependency for health care coverage purposes.