

Caregiver's Authorization Affidavit



This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-11) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Act states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent; however, this fact does not nullify the child/youth rights to receive a free appropriate education.

Instructions: Completion of items 1-4 and 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.

Please print clearly

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

1. Legal Name of Minor
Last _____ First _____ Middle _____ Suffix _____
2. Minor's Birth Date
Month / Day / Year
_____ / _____ / _____
3. My Name (adult giving authorization)
Last _____ First _____ Middle _____ Suffix _____
4. Home Address
Street _____ Apt/Lot _____
City/County _____ State _____ Zip _____
5. ___ I am a grandparent, aunt, uncle, or other qualified relative of the minor.
6. Check one or both (for example, if one parent was advised and the other cannot be located)
 - a. ___ 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.
 - b. ___ 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.
7. My Birth Date
Month / Day / Year
_____ / _____ / _____
8. My driver's license or Identification card number _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Parent/Guardian Signature Date _____
Month / Day / Year

Caregiver's Signature Date _____
Month / Day / Year

Affidavit must be notarized below:

Office of Early Learning / Title I *800 E. City Hall Avenue, Room 709, Norfolk, Virginia 23510
Phone: (757) 628-3944 fa: (757) 628-3800 email: twalton@nps.k12.va.us

Additional Information to Caregivers

1. "Qualified relative", for the purposes of item 5, means a spouse, parent, step-parent, 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 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 (driver's license or ID), provide another form of identification such as your social security 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.