

Elk Grove Unified School District

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.

<u>Instructions</u>: Completion of numbers 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 numbers 5-8 is required to authorize any additional 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.			
	(Check one) See back page for definition of qualified relative.	es	no	
6.	 Check one or both (if one parent was advised and the other cannot be located): I have advised the parent(s) or other person(s) having legal custody of the min-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 minor at this time to notify them of my intended authorization. 			
7.	My birth date:			
8.	My California driver's license* or I. D. number*: *If you do not have this information, provide another form of identification, such as your social security number or Medi-Cal number.			
<u>Notic</u>	<u>es</u> :			
9.	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 <i>caregiver</i> has legal custody of the minor.		_(initial)	
10.	This affidavit is not valid for more than one year after the date on which it is executed.		- (initial)	
11.	If you are not a relative or currently licensed foster parent, the law requires you to obtain a foster home license in order to care for a minor.		- (initial)	
	(If you have questions, please contact your local Department of Social Services.)			
12.	If the minor stops living with you, you are required to notify the school, health care provider, and/or health care service plan to whom you have given this affidavit.		- (initial)	

To School Officials:

- 1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for 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 requires proof of residence for evidence that the caregiver lives at the address provided in number four.

Proof of Residence is required. Current Resident Documents Required:

Legal resident <u>must</u> produce **ONE** of the following for enrollment:

- Property tax receipts for the current residence
- Mortgage statement, rental property contract, or lease agreement
- Current utility service (e.g. PG&E, SMUD, water, garbage, sewer) contract, statement, or payment receipt
- Rental property payment receipt
- Parent or guardian's recent pay stub (with current resident address listed)
- Voter registration

Comments:

- Correspondence from a government agency (e.g., documentation from the Department of Human Assistance, court documents, motor vehicle registration, driver's license).
- 3. Qualified relative means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, aunt, uncle, 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.

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 stated on the affidavit, is subject to criminal or civil liability to any person, or subject to professional disciplinary action for such reliance if the applicable portions of the forms are completed.
- 2. This affidavit does not confer dependency for health care coverage purposes.

NOTE: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ARE INCORRECT OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH. (Family Code 6550-6552)				
correct.	r penalty of perjury under the laws of the State of California th	Date		