

CHILDREN IN INFORMAL KINSHIP CARE AFFIDAVIT

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.
_____, (Name of child), whose date of birth is _____, is
living with me because of the following serious family hardship (Check each that is applicable):

- | | |
|--|--|
| <input type="checkbox"/> Death of father/mother/legal guardian | <input type="checkbox"/> Incarceration of father/mother/legal guardian |
| <input type="checkbox"/> Serious illness of father/mother/legal guardian | <input type="checkbox"/> Abandonment by father/mother/legal guardian |
| <input type="checkbox"/> Drug addiction of father/mother/legal guardian | <input type="checkbox"/> Assignment of a parent or legal guardian of a child to active military duty |

The name and last known address of the child's parent(s) or legal guardian (prior to the child requiring kinship care) is:

Name _____
Street _____ Apt. Number _____
City _____ State _____ Zip Code _____

My address is:

Name _____ My relationship to the child is: _____
Street _____ Apt. Number _____
City _____ State _____ Zip Code _____
My phone number: _____

I assumed informal kinship care of this child for 24 hours a day and 7 days a week on _____ (month/day/year).

The name and address of the last school that the child attended (prior to the child requiring kinship care) is:

Name of School _____
Street _____
City _____ State _____ Zip Code _____

I understand that the local superintendent of schools may verify the facts contained in the foregoing affidavit and conduct an audit, on a case-by-case basis, after the child has been enrolled in the county public school system. If county superintendent discovers fraud or misrepresentation, the child shall be removed from the rolls of the local public school system.

I understand that if a change occurs in the care or in the serious family hardship of the child, I am required to notify the local school system in writing within 30 days after the change occurs.

I also understand that any person who willfully makes a material misrepresentation in the affidavit shall be subject to a penalty payable to the county/City for three times the pro rata share of tuition for the time the child fraudulently attend a public school in the county/City.

I solemnly affirm under penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information and belief.

Printed name of relative assuming kinship care _____

Signature of relative assuming kinship care _____

Date (month/day/year) _____

- Supporting documentation must be provided. (see reverse side)
- Student must be a current resident of the state of Maryland.
- Form must be updated annually

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For WCPS use only

School of attendance _____ Date of enrollment _____

PPW Verification _____ Date _____