

School: _____
Grade: _____
School Year: _____

MARYLAND KINSHIP CARE AFFIDAVIT

This affidavit and supporting documentation is required in order for a child residing in Maryland who is in an informal kinship care relationship to be enrolled in a Carroll County Public School.

1. I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

2. _____ whose date of birth is _____, is living with me
(Name of Child) (Month/Day/Year)

24 hours a day, 7 days a week, because of the serious family hardship checked below. Check each that is applicable and attach written documentation of the hardship(s).

- Death of father/mother/legal guardian (attach copy of death certificate(s) or other proof)
- Serious illness of father/mother/legal guardian (attach copy of doctor's report noting seriousness of the health issue)
- Drug addiction of father/mother/legal guardian (attach documentation from treatment provider or parent)
- Incarceration of father/mother/legal guardian (attach documentation from legal system or detention center)
- Abandonment by father/mother/legal guardian (attach statements from relative providing kinship care, a recommendation from a professional who works with the family, or a statement from the parent/legal guardian)
- Assignment of father/mother/legal guardian to active military duty. (attach copy of military orders)

3. The names of the child's parents or legal guardians are: _____

4. The last known addresses of the child's parents or legal guardians are:

County _____

5. Name of relative assuming kinship care: _____

6. My kinship relation to the child is: _____

7. My address is: _____
(Street, Apt. #)

(City, State, Zip Code)

My phone number is: _____

8. I assumed informal kinship care of this child for 24 hours a day and 7 days a week on: _____
(Month/Day/Year)

9. The name and address of the last school that the child attended is: _____

(Please complete reverse side)

Please provide the names, addresses and telephone numbers of authorities, agencies, or individuals who are legally authorized to reveal information or that can verify the family hardship.

Name/Agency	Address	Telephone Number

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 attended a public school in the county/city.

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

Printed name of relative providing kinship care

Signature of Kinship Relative

Date

For Carroll County Public School Use Only	
Pupil Personnel Worker Recommendation: _____	
Pupil Personnel Worker Signature: _____	Date: _____
<input type="checkbox"/> APPROVED	By: _____ Date: _____
<input type="checkbox"/> NOT APPROVED	Supervisor of Pupil Personnel & Student Support Services
_____ <i>In-County Family</i>	_____ <i>Out-of-County Family</i>