

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 that proves the hardship(s) checked.

- 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 *notarized* statements from all legal guardians or documentation from the court, the Department of Social Services, etc.)
- 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. Please provide the names, addresses, and telephone numbers of authorities who are legally authorized to reveal information that can verify the above claims of family hardship. (See attached [Verification Form](#).)

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

County \_\_\_\_\_

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 Note:**

- A. The Superintendent and/or Pupil Personnel Worker from Carroll County Public Schools may contact the parent/legal guardians and/or authorities who can verify the facts contained in the foregoing affidavit. They may also conduct an audit on a case-by-case basis after the child has been enrolled in Carroll County Public Schools. If fraud or misrepresentation is discovered, the child shall be withdrawn from Carroll County Public Schools.
- B. Any person who willfully is fraudulent and/or makes a material misrepresentation in this affidavit shall be subject to a penalty payable to Carroll County Public Schools for three (3) times the pro rated share of tuition for the time the child fraudulently attends a public school in the County and is subject to prosecution for felony theft.
- C. If a change occurs in the kinship care arrangement or in the serious family hardship of the child, the relative providing informal kinship care for the child shall notify the local school system in writing within 30 days of the change.
- D. The relative providing informal kinship care shall file an affidavit annually at least two (2) weeks prior to the beginning of the school year for each year the child continues to live with the relative because of a serious family hardship.
- E. Unless the court appoints a guardian for the child or awards custody of the child to someone other than the relative providing informal kinship care, the relative providing informal kinship care shall make the full range of educational and school-related medical decisions for the child.
- F. The relative providing informal kinship care shall make reasonable efforts to inform the parent(s) or legal guardian(s) of the child of the informal kinship care relationship and decisions regarding the child.
- G. The parent(s) or legal guardian(s) of a child in an informal kinship care relationship shall have the final decision-making authority regarding the educational needs of the child should there be differing opinions between the parent(s)/legal guardian(s) and the kinship care provider.

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. My signature indicates my consent for Carroll County Public Schools to exchange information with the parent(s), legal guardian(s), and/or authorities to verify information presented herein.

\_\_\_\_\_  
(Signature of Affiant, i.e., Relative Assuming Kinship Care)

\_\_\_\_\_  
(Month/Day/Year)

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, State of \_\_\_\_\_,

County of \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary Public)

Affix notary seal

For Carroll County Public School Use Only

Pupil Personnel Worker Recommendation: \_\_\_\_\_

Pupil Personnel Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVED** By: \_\_\_\_\_ Date: \_\_\_\_\_  
 **NOT APPROVED** Supervisor of Pupil Personnel & Student Support Services

\_\_\_\_\_ ***In-County Family***

\_\_\_\_\_ ***Out-of-County Family***

# MARYLAND KINSHIP CARE VERIFICATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Relative Assuming Kinship Care: \_\_\_\_\_

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

NAME/AGENCY	ADDRESS	TELEPHONE NUMBER

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature of Relative Assuming Kinship Care