



KINSHIP CAREGIVER'S AFFIDAVIT

Use of this affidavit is authorized by O.C.G.A. Section 20-1-16.

This Affidavit shall be completed for a child living and residing with a person who is not the parent or legal guardian. This Affidavit shall be completed by the adult with whom the child is living.

This affidavit expires on the last day of the school year in which it was completed and must be renewed each subsequent school year.

I hereby certify that the child named below lives in my home and I am 18 years of age or older.

1. Name of child: _____
2. Child's date of birth: _____
3. My full name (kinship caregiver): _____
4. My home address: _____
5. I assumed control and charge of this child on _____ (day/month/year)
6. I have assumed kinship caregiver status because of one or more of the following circumstances (check at least one):
 - ☐ A parent being unable to provide care due to the death of the other parent
 - ☐ A serious illness or terminal illness of a parent.
 - ☐ The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent.
 - ☐ The incarceration of a parent.
 - ☐ The loss or uninhabitability of the child's home as the result of a natural disaster.
 - ☐ A period of active military duty of a parent exceeding 24 months; or
 - ☐ I am a biological parent whose name is not on child's birth certificate.
7. Name of child's parent(s) or legal guardian(s): _____
8. Address of child's parent(s) or legal guardian(s): _____
9. Phone numbers and email addresses of parent(s) or legal guardian(s): _____
10. Kinship caregiver's date of birth: _____
11. Kinship caregiver's State of Georgia driver's license number or identification card number: _____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH.

NOTICE OF DISTRICT EXPECTATIONS, PENALTIES, AND LIABILITIES

By initialing on the lines provided next to each item below, I affirm that I have read and understand each of these provisions.

- _____ I provide care 24 hours per day and 7 days per week.
- _____ I understand that a school district representative may make an unscheduled home visit to verify information provided in this affidavit.
- _____ I attest that this document is not being utilized to attend a particular school, being completed for the purposes of participating in athletics, participating in special services or programs, or for any other similar purpose.
- _____ I understand that it is my responsibility to immediately notify the school district if any information provided on this affidavit changes for any reason.
- _____ I understand that this affidavit expires on the last day of the school year in which it was completed and must be renewed yearly.
- _____ O.C.G.A 16-10-20 states that, “a person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or misrepresentation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry...shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.”

I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENT OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Kinship caregiver's printed name

Kinship caregiver's signature

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Signature _____

NOTICES:

- 1. This declaration does not affect the rights of the named child's parent or legal guardian regarding the care, custody, and control of the child and does not mean that the kinship caregiver has legal custody of the child.**
- 2. A person that relies on this affidavit has no obligation to make any further inquiry or investigation. However, a local school system may request additional information before enrolling the child.**
- 3. This affidavit is not valid for more than one year after the date on which it is executed. Local school systems can elect to have Kinship Caregiver's Affidavit expire at the end of the school year in which the affidavit was executed.**

ADDITIONAL INFORMATION:

TO KINSHIP CAREGIVERS:

- 1. If the child stops living with you for a period of more than 30 days, you are required to provide notice not later than 30 days after such period to anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.**
- 2. If you do not have the information in item 11 of the affidavit (State of Georgia driver's license or identification card), you must provide another form of identification such as your social security number.**

TO SCHOOL OFFICIALS:

The school system may require additional reasonable evidence that the kinship caregiver resides at the address provided in item 4 of the affidavit.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- 1. No person that acts in good faith reliance upon a kinship caregiver's affidavit to render education services or medical services directly related to academic enrollment or any curricular or extracurricular activities, without actual knowledge of facts contrary to those stated in the affidavit, shall be subject to criminal prosecution or civil liability to any person, or subject to any 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.**