

## KINSHIP CARE

In response to Kinship Care legislation, which took effect in Maryland on July 1, 2003, and revised on 10/1/08, a student in an informal kinship care relationship (24 hours a day, seven days a week) previously domiciled in Maryland with the child's parents or legal guardian, may be eligible to enroll in Carroll County Public Schools. To do so, the relative assuming kinship care must file a Kinship Care Affidavit and provide documentation of one of the following:

- a. death of father/mother/legal guardian (copy of the death certificate or obituary)
- b. serious illness of father/mother/legal guardian (copy of doctor's report noting serious illness)
- c. drug addiction of father/mother/legal guardian (documentation from treatment provider or parent)
- d. incarceration of father/mother/legal guardian (documentation from legal system or jail)
- e. abandonment by father/mother/legal guardian (statement from relative providing kinship care, written notification from a professional working with the family, or a statement from the parent/legal guardian.)
- f. assignment of a father/mother/legal guardian to active military duty (copy of military order.)

The Maryland Kinship Care Affidavit must include the names, addresses, and telephone numbers of all who can verify the above claim. The Pupil Personnel Worker will contact the parents, legal guardians, agencies, authorities, and others as needed to substantiate the kinship care relationship. The Kinship Care Affidavit shall be filed annually, at least two weeks prior to school, to verify an ongoing kinship care relationship.

Abandonment may be documented via a statement from the parent/legal guardian, a statement from the relative providing the kinship care, or written verification from a professional working with the family.

Unless the court appoints a guardian for the child or awards custody of the child to someone other than the relative providing kinship care, that relative (if kinship care claim is verified) can make the full range of educational decisions for the child. However, the parent or legal guardian shall have the final decision making authority regarding the educational needs of the child.

School: \_\_\_\_\_

Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

**MARYLAND INFORMAL 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. Parent / Legal Guardian Information:

Mother's Name: \_\_\_\_\_

Mother's Last Known Address: \_\_\_\_\_

County: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Last Known Address: \_\_\_\_\_

County: \_\_\_\_\_

4. Name of relative assuming kinship care: \_\_\_\_\_

5. Kinship relationship to the child is: \_\_\_\_\_

6. Kinship address is: \_\_\_\_\_

(Street, Apt. #)

(City, State, Zip Code)

Contact Telephone number(s): \_\_\_\_\_

(Cell)

(Home)

(Work)

7. I assumed informal kinship care of this child for 24 hours a day and 7 days a week on: \_\_\_\_\_

(Month/Day/Year)

8. Name and address of last school the child attended: \_\_\_\_\_

**(Please complete reverse side)**

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 Care Relative

\_\_\_\_\_  
Date

For Carroll County Public School Use Only

**APPROVED** By: \_\_\_\_\_ Date: \_\_\_\_\_  
 **NOT APPROVED** Pupil Personnel Worker

\_\_\_\_\_  
Supervisor of Student Services/Pupil Personnel Date: \_\_\_\_\_

***In-County Family***

***Out-of-County Family***