KINSHIP CAREGIVER AFFIDAVIT

Under O.C.G.A. § 20-2-690.1, a person who is caring for a child in their home is required to enroll that child in school. Under Georgia State Department of Education Rule 160-5-1-.28(b), *any person* who is caring for a child in their home is allowed to enroll the child in school, even if the caregiver does not have any formal custody or guardianship order. If the school district has any questions about the child's eligibility to enroll, the school district is required to provisionally enroll the child for 30 days, pursuant to Rule 160-5-1-.28(c), to allow the caregiver time to resolve the problem without having the child miss school. The use of the Kinship Caregiver Affidavit is *not* required to enroll a child in school, but it will allow a caregiver to consent to services which usually require parental consent. Those services are:

(1) Educational services;
(2) Medical services directly related to academic enrollment; and
(3) Curricular or extracurricular activities.

NOTICES UNDER O.C.G.A. § 20-1-16:

☐ 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 it does not mean that the kinship caregiver has legal custody of the child.
☐ A person that relies on this affidavit has no obligation to make any further inquiry or investigation.
☐ This affidavit is not valid for more than one year after the date on which it is executed.

ADDITIONAL INFORMATION:

TO KINSHIP CAREGIVERS:

☐ 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.
☐ 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.

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:

☐ No person that acts in good faith reliance upon a kinship caregiver's affidavit to render educational 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.
☐ This affidavit does not confer dependency for health care coverage purposes.

AFFIDAVIT

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

My Name (kinship caregiver giving authorization):_____

1. The student whose legal name is _____ , date of birth _____

is living with me at the following address: _____

_____

2. I am a kinship caregiver as defined by O.C.G.A. § 2-1-15 (grandparent, great-grandparent, aunt, uncle, great aunt, great uncle, cousin, sibling, or fictive kin who has assumed responsibility for raising a child in an informal, noncustodial, or guardianship capacity).
3. I have assumed kinship caregiver status because of one or more of the following circumstances:

   ☐ 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 the parent;

☐ The loss or inhabitability of the child's home as the result of a natural disaster; or

☐ A period of active military duty of a parent exceeding 24 months.

4. Name(s) of the parents or legal custodian(s): _____

_____

5. Address of parent(s) or legal custodian(s): _____

_____

OR

☐ I have made the following attempts to try to obtain the addresses of the parents (explain): _____

_____

_____

_____

6. My date of birth is: _____

7. Description of kinship caregiver's identification: _____

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.

_____ _____

Signature of kinship caregiver with whom the child is living | Kinship caregiver's printed name

PLEASE NOTARIZE

Sworn to and subscribed before me this_____day of_____, 20____.

Notary Public (SEAL)
My commission expires: _____