

KINSHIP CAREGIVER AFFIDAVIT

Use of this form is authorized by O.C.G.A. § 20-1-16. This Affidavit shall be completed for students living in the Atlanta Public Schools System and are residing with a person who is not the parent or legal guardian. This Affidavit shall be completed by the adult with whom the student is living. This affidavit should not be utilized for Homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

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

My full name (kinship caregiver giving authorization): _____

I hereby certify that the student whose legal name is _____ and whose birth date is _____ is living with me at the following address:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cellular Phone: _____

1. I am a kinship caregiver as defined by O.C.G.A. § 20-1-16.
2. 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 a parent;
 - The loss or un-inhabitability 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 unable to locate a parent or parents at this time to notify them of my intended authorization because (list reasons):

 - Other:

3. Name(s) of the child's parent(s) or legal guardian(s):

4. Address of the child's parent(s) or legal guardian(s):

5. Phone number(s) and email address(es) of parent(s) or legal guardian(s):
Phone Number: _____ Email Address: _____
Phone Number: _____ Email Address: _____
6. Kinship caregiver's date of birth: ____/____/____
7. Kinship caregiver's State of Georgia driver's license number or ID card number: _____
8. I assumed control and charge of this child, which I provide 24 hours per day and 7 days per week, on _____
_____ (day/month/year).
9. The name and address of the last school that the child attended is: _____

NOTICE OF DISTRICT EXPECTATIONS:

The school system’s superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district social worker or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school. **(Please initial each statement)**

_____ 1. I attest that this request to attend an Atlanta Public School is not primarily related to attendance at a particular school in Atlanta Public Schools, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.

_____ 2. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

_____ 3. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

NOTICE OF PENALTIES AND LIABILITY:

I understand that: **(Please initial each paragraph)**

_____ 1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the District for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133 (a).

_____ 2. If the costs incurred by the District are collected by an attorney, I will be obligated to pay for all expenses and attorney’s fees incurred by the Board of Education in the collection of same.

_____ 3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.

_____ 4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

_____ 5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20.

_____ 6. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

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.

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 adult with whom the child is living

Kinship caregiver’s printed name

Date

PLEASE NOTARIZE
Sworn to and subscribed before me this _____ day of _____, 20____.
Notary Public (SEAL)
My Commission Expires: _____

NOTICES OF DISTRICT EXPECTATIONS:

- This declaration and affidavit 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.
- 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.
- 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:

- 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, 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:

- 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.
- This affidavit does not confer dependency for health care coverage purposes.