



## CAREGIVER AFFIDAVITS (CUIDADOR AFIDAVIT)

El Cuidador Affidavit es un alternativo a un guardián cuando:

1. Eres mayor de 18 años de edad.
2. Cuida de un menor de edad que vive en su casa.
3. Eres un pariente calificado :  
( abuelo, o un bisabuelo, tía/o, o una tía abuela, tío abuelo, sobrina/o, prima/o, padrastro/madrastra, padre/madre, esposa/o.
4. No tienes custodia legal (No eres el guardián)
5. Tienes consentimiento de los padres o no puedes encontrar a los padres. \_

Puedes usar el Caregiver Affidavit para inscribir al niño en la escuela, para aprobar servicios médicos relacionados con la escuela, por ejemplo, inmunizaciones (vacunas), físico, y exámenes conducidos en la escuela, para aprobar otros servicios médicos.

Algunas escuelas y doctores van a requerir que el Caregiver Affidavit este notariado, así que debería tenerlo notariado.

El Caregiver Affidavit es bueno por un año. Un padre puede revocarlo en cualquier momento.

## CAREGIVER AFFIDAVITS

The Caregiver Affidavit is an alternative to a guardianship when:

1. You are over 18 years old.
2. You take care of a child who lives in your home
3. You are a qualified relative:  
(grandparent or great grandparent, aunt/uncle or great/grand aunt/uncle, brother/sister (or half or step), niece/nephew, first cousin, step-parent, parent, or spouse)
4. You don't have a guardianship
5. You have consent of parents OR you can't find the parents

You can use the Caregiver Affidavit to enroll the child in school, to approve school-related medical care, such as immunizations, physicals, and exams conducted at school, and to approve other medical care.

Some schools and doctors will require that the Caregiver Affidavit be notarized, so you should get the form notarized.

The Caregiver Affidavit is good for one year. A parent could revoke at any time.

# CAREGIVER AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

**The minor named below lives in my home and I am 18 years of age or older. El niño menor viva en mi casa y soy mejor de edad.**

1. Name of minor/Nombre de niño: \_\_\_\_\_

2. Minor's birthdate/Fecha de nacimiento de niño: \_\_\_\_\_

3. My Name/Mi Nombre (adult giving authorization): \_\_\_\_\_

4. My home address/Mi dirección de casa: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of a "qualified relative"). Yo soy un abuelo/a, tía, tío, y otro pariente calificado del menor (vea página 2 de esta forma para ver la definición de un "pariente calificado").

6. Check one or both (for example, if one parent was advised and the other cannot be located)/Marque una o las dos (por ejemplo, si un padre fue avisado y el otro no puede ser localizado):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection. Le he notificado al padre/la madre y otras personas que tienen custodia legal del menor de mi intención para autorizar asistencia médica, y no he recibido ninguna objeción.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization. No puedo contactarme con los padres, o otras persona(s) que tienen custodia del menor en este momento, para notificarlos de mi intención de autorización

7. My date of birth/Mi fecha de nacimiento: \_\_\_\_\_

8. My California's driver license or identification card number: \_\_\_\_\_

Mi número de licencia de manejo de California o número de identificación

**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.**

**ADVERTENCIA: No firme esta forma si algún testamento de arriba no están correcto, o si va estar cometiendo un crimen castigable con una multa, encarcelamente, o los dos.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

## **NOTICES:**

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.

### **Additional Information:**

## **TO CAREGIVERS:**

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
4. If you do not have the information request in item 8 (California driver's license of I.D.), provide another form of identification such as your social security number or Medi-Cal number.

## **A LOS GUARDIANES**

1. "Un pariente calificado", por propósitos del artículo 5, quiere decir el esposo/a , padrastra, madrastra, hermano, hermana, hermanastro/a, medio hermano/a, tío, tía, sobrino/a, primo/a, o cualquier persona denotada con el prefijo " grand" or "great", ("abuela/o" o bisabuela/o") el esposo/a de cualquier persona especificada en esta definición, aunque sea después que el matrimonio aya terminado por muerte o divorcio.
2. La ley puede requerir que usted, si no es un pariente o presentemente un padre acogido 3. (foster parent) con licencia, obtener una licencia para ser un padre acogido en casa para cuidar un menor de edad. Si usted tiene preguntas, por favor de contactarse con su departamento local de servicios sociales.
3. Si el menor deja de vivir con usted, usted esta requerido de notificar cualquier escuela, proveedor de salud, o plan se servicios de salud en cual usted le a dado a este affidavit.
4. Si usted no tiene esta información que se le requiere en artículo 8 ( La identificación de conducir de California), provéanos con otra forma de identificación , como su numero de seguro social o su numero de Medi-Cal.

## **TO SCHOOL OFFICIALS:**

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

## **TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:**

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to 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.

STATE OF CALIFORNIA )  
 )  
 )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of  
\_\_\_\_\_ 200\_, by \_\_\_\_\_, personally known to me or  
proved to me on the basis of satisfactory evidence to be the person(s) who  
appeared before me.