

**Informal Kinship Care Affidavit**

This form must be completed for any guardian who is providing informal kinship care to a child. According to Education Article [§7–101](https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ged&section=7-101), “informal kinship care” means a living arrangement in which a relative of a child, who is not in the care, custody, or guardianship of the local department of social services, provides for the care and custody of the child due to a serious family hardship.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child), whose date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_, is living with me because of the following serious family hardship: (check each that is applicable)

[ ]  death of father/mother/legal guardian

[ ]  serious illness of father/mother/legal guardian

[ ]  drug addiction of father/mother/legal guardian

[ ]  incarceration of father/mother/legal guardian

[ ]  abandonment by father/mother/legal guardian

[ ]  assignment of a parent or legal guardian of a child to active military duty

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| **Information: Child** |

Child’s first name: Click or tap here to enter text.

Child’s last name: Click or tap here to enter text.

Child’s birthdate: Click or tap to enter a date.

The name of the school the child attended last year: Click or tap here to enter text.

The address of the school the child previously attended

Street address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

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| **Information: Parent or Legal Guardian** |

Parent/Legal guardian first name: Click or tap here to enter text.

Parent/Legal guardian last name: Click or tap here to enter text.

Street address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

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| **Information: Relative Providing Informal Kinship Care** |

I am the child’s Choose an item.

Relative first name: Click or tap here to enter text.

Relative last name: Click or tap here to enter text.

Street address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip: Click or tap here to enter text.

I assumed informal kinship care of this child for 24 hours a day and 7 days a week on Click or tap to enter a date.

I understand that (check all boxes to indicate understanding):

[ ]  The state superintendent may verify the facts given by the relative providing informal kinship care in the affidavit and conduct an audit of the case after the child has been enrolled in the nonpublic school.

[ ]  Any person who willfully makes a material misrepresentation in the affidavit shall be subject to a penalty payable to the county for three times the pro rata share of tuition for the time the child fraudulently attends a public school in the county.

[ ]  If a change occurs in the care or in the serious family hardship of the child, I must notify MSDE in writing within 30 days after the change occurs.

[ ]  Unless the court appoints a guardian for the child or awards custody of the child to someone other than the relative providing informal kinship care, the relative providing informal kinship care shall make the full range of educational decisions for the child.

[ ]  The relative providing informal kinship care shall make reasonable efforts to inform the parent or legal guardian of the child of the informal kinship care relationship.

[ ]  The parent or legal guardian of a child in an informal kinship care relationship shall have final decision-making authority regarding the educational needs of the child.

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Signature of the Relative Providing Informal Kinship Care Date