

# ORANGE UNIFIED SCHOOL DISTRICT

## Office of Student and Community Services

1401 N Handy St. - Orange, California 92867 (714) 628-5424

### CAREGIVER'S AUTHORIZATION AFFIDAVIT

**ATTENTION APPLICANT:** The following California Family Code provides for enrollment of a minor child into a school in the district. There is no guarantee as to the school assigned. Space availability and other pertinent factors are to be considered prior to enrollment. Court documents determining custody/guardianship shall super cede this document. Use of this affidavit is authorized by Part 1.5 (Commencing with Section 6550) of Division II of the California Family Code.

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

#### Caregiver's Information

The minor named below lives in my home and I am eighteen (18) years of age or older.

1. Name of minor: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_
2. Minor's birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School Requested: \_\_\_\_\_
3. My name (adult giving authorization): \_\_\_\_\_
4. Spouse or other \_\_\_\_\_
5. My home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
My residence phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
6. I am a grandparent, aunt, uncle or other qualified relative (spouse, parent, stepparent, brother, sister, step-brother, step-sister, 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 person specified in this definition) of the minor. In the space below, please state your relationship to the above named minor.  
Relationship to minor: \_\_\_\_\_
7. Check one or both. (For example, if one parent was advised and the other cannot be located):  
( ) 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.  
( ) 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.
8. My date of birth: \_\_\_\_\_
9. My California's drivers license or identification card number: \_\_\_\_\_

**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.**

*I declare under penalty of perjury (PENAL CODE 126) 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 further inquiry or investigation.

### **ADDITIONAL CAREGIVER INFORMATION**

1. 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 at (714) 704-8000. *Information contained on "Caregiver Provider Forms" submitted by individuals who are not "qualified relatives" shall be forwarded to the Orange County Social Services Agency.*
2. 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.
3. If you do not have the information requested in item eight (8) (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

### **TO SCHOOL OFFICIALS**

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for 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 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. (Add. Stats. 1994, Ch. 1262)

### **ADDITIONAL OUSD-SCS COMMENTS/INFORMATION ON MINOR**

1. *The date and reason why the above named student has moved into the caregiver's residence. Date: \_\_\_\_\_*  
*Reason: \_\_\_\_\_*
2. *I hereby agree to assume the financial liability for the student for whom I am a caregiver.*
3. *I hereby agree to reimburse the Orange Unified School District for all cost incurred as a result of false information.*
4. *Students attending a school in the district under false information shall be withdrawn the school/district under the terms and conditions of existing policy.*
5. *If a student attends school in the district under false information and has participated in CIF athletic activities, the games may be forfeited and the student may be ruled not-eligible for up to a two year period.*

Name of Child's Parent(S): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (     )

\_\_\_\_\_

***This section is for official use by the Office of Student & Community Services.***

***The caregiver application is:***

***Approved*** \_\_\_\_\_ ***Denied*** \_\_\_\_\_

\_\_\_\_\_  
**SCS Signature**

\_\_\_\_\_  
**Date Approved**

\_\_\_\_\_  
**School – Space must be available**

\_\_\_\_\_  
**Student Number**