

CAREGIVER AUTHORIZATION FORM

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act requirement that homeless children have access to education and other services for which they are eligible. McKinney-Vento Homeless Education Assistance Improvements Act states that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his or her parent or guardian. However, this fact does not nullify the child’s right or youth’s right to receive a free, appropriate education.

Instructions:

Complete this form for a child or youth seeking enrollment while **NOT** in the physical custody of a parent or guardian.

- To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. Name of minor (first, middle, last): _____

2. Minor’s date of birth: _____

3. My name (adult giving authorization): _____

4. My home address: _____

Check one:

_____ I have advised the parents(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 legal guardians(s) at this time to notify them of my intended authorization.

5. My date of birth: _____

6. My state driver's license or identification card number: _____

I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.

Signature of Caregiver

Date