



## Statement of Guardianship

This form should be completed by a relative or non-relative caregiver (excluding biological or adoptive parents) who has taken over the full-time care of a child who needs CAPS services.

Parent Name (caregiver completing this form): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list the name and date of birth of all children in your care who need CAPS:

\_\_\_\_\_  
\_\_\_\_\_

What is your biological or adoptive relationship, if any, to the children listed above?

\_\_\_\_\_

Are you the primary caregiver of the children listed above? Yes No

Do any of the children's biological parents live with you? Yes No

Please provide a brief explanation as to why you are responsible for the care of the children listed above (including information about the biological parents' whereabouts), or you may attach a copy of any legal guardianship papers you have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent (caregiver) Signature

\_\_\_\_\_  
Date