

Caretaker Attestation

Date: _____ ACCIS Case #: _____

Please complete this form if you are applying for childcare assistance and one or more of the following questions apply to you:

- You are not the parent or step-parent of the child
- You are the legal guardian, caretaker relative or any other person who lives with the child
- You have assumed responsibility for the day-to-day care of the child

Child Information (one form per child)

Last Name: _____ First Name: _____ M: _____

Date of Birth (mm/dd/yyyy): _____

Caretaker Information

Last Name: _____ First Name: _____ Relationship to Child: _____

Parent 1 - Information (If known)

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone: _____

Parent 2 - Information (If known)

Last Name: _____ First Name: _____ Relationship to Child: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____ Cell Phone: _____

If this caretaker arrangement changes, I agree to contact ACS or DOE immediately.

Please check ONE of the following boxes

- I attest that I am the child(ren)'s legal guardian with financial responsibility for the child(ren). Please include a copy of letter or order of guardianship.
or
- I attest that I have legal custody for the child(ren) and I do not have financial responsibility for the child(ren)
or
- I attest that I do not have legal custody for the child(ren) and I do not have financial responsibility for the child(ren)

Caretaker Signature: _____ Date: _____