

CAREGIVER'S AUTHORIZATION AFFIDAVIT*

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code. It 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. This affidavit does not mean that the minor is automatically a dependent for health care coverage purposes.

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

- 1. Name of minor:
- 2. Minor's birth date:
- 3. My name (*adult giving authorization*):
- 4. My home address:

I am a grandparent, aunt, uncle, or other qualified relative of the minor.
 ("Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, 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 persons specified in this definition, even after the marriage has been terminated by death or dissolution.)

5. 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 mental health 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.

6. My date of birth:

7. Photo I.D. (California driver's license or California Identification card):
 (Attach copy; see page 2, To Caregivers, #4) I.D. #

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 the penalty of perjury under the laws of the State of California that the foregoing is true and correct. 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.

Caregiver Signature: _____ Date: _____

This Consent was interpreted in _____ for the client and/or responsible adult.

If a translated version of this Consent was signed by the client and/or responsible adult, the translated version must be attached to the English version.

* File in Section #2, Consents & Notices

<p>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</p>	<p>Name: <input type="text"/> IS#: <input type="text"/></p> <p>Agency: <input type="text"/> Provider #: <input type="text"/></p> <p style="text-align: center;">Los Angeles County – Department of Mental Health</p>
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Please Note:

- 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.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- **This affidavit is valid only one year after the date on which it is executed.**

IMPORTANT INFORMATION

TO CAREGIVERS

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, 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 persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or 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.
3. 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.
4. If you do not have the information requested in item 8 (California driver license or California Identification card), 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 on 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 criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of this form are completed.
2. This affidavit does not mean that the minor is automatically a dependent for health care coverage purposes.