



CAREGIVER AUTHORIZATION FORM
(Appendix 18)

This form is intended to address the McKinney-Vento Homeless Assistance Act (P.L. 107-110) requirement that homeless children have access to education and other services for which they are eligible. The McKinney-Vento Homeless Assistance Act states specifically 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/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education.

Indicate the reason for utilization of this form:

- The student has been abandoned.
- The Student is not living with parents due to financial or family hardships.
- The student moved from parents or legal guardians home on their own free will.
- Student runaway from a permanent home.

Instructions:

Complete this form for a child/youth presenting himself/herself for 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: _____
2. Minor's date of birth: _____
3. My name (adult giving authorization): _____
4. My home address: _____
5. _____ I am a grandparent, aunt, uncle, or other qualified relative of the minor (ie. Sibling, stepbrother, stepsister, cousin, 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 divorce).

_____ I am not a relative of the minor.
6. Check one or both (for example, if one parent was advised and the other could not be located):
_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.
_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
7. My date of birth: _____
8. My state driver's license or identification card number: _____

Signature Date

I certify the above named student qualifies for the McKinney-Vento services under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature Date

PLEASE FAX TO FAMILIES FIRST OFFICE UPON COMPLETION @ (941) 255-7483