

(B) A RELATIVE PROVIDING INFORMAL KINSHIP CARE FOR A CHILD MAY CONSENT TO HEALTH CARE ON BEHALF OF THE CHILD IF:

(1) A COURT HAS NOT APPOINTED A GUARDIAN FOR THE CHILD OR AWARDED CUSTODY OF THE CHILD TO AN INDIVIDUAL OTHER THAN THE RELATIVE PROVIDING INFORMAL KINSHIP CARE; AND

(2) THE RELATIVE VERIFIES THE INFORMAL KINSHIP CARE RELATIONSHIP THROUGH A SWORN AFFIDAVIT THAT:

(I) MEETS THE REQUIREMENTS OF THIS SECTION; AND

(II) IS FILED WITH ~~A LOCAL DEPARTMENT OF SOCIAL SERVICES~~ THE DEPARTMENT OF HUMAN RESOURCES, SOCIAL SERVICES ADMINISTRATION.

(C) THE AFFIDAVIT SHALL INCLUDE:

(1) THE NAME AND DATE OF BIRTH OF THE CHILD;

(2) THE NAME AND ADDRESS OF THE CHILD'S PARENT OR LEGAL GUARDIAN;

(3) THE NAME AND ADDRESS OF THE RELATIVE PROVIDING INFORMAL KINSHIP CARE;

(4) THE DATE THE RELATIVE ASSUMED INFORMAL KINSHIP CARE;

(5) THE NATURE OF THE SERIOUS FAMILY HARDSHIP AND WHY IT RESULTED IN INFORMAL KINSHIP CARE; AND

(6) THE KINSHIP RELATION TO THE CHILD OF THE RELATIVE PROVIDING INFORMAL KINSHIP CARE.

(D) THE AFFIDAVIT SHALL BE IN THE FOLLOWING FORM:

(1) I, THE UNDERSIGNED, AM OVER EIGHTEEN (18) YEARS OF AGE AND COMPETENT TO TESTIFY TO THE FACTS AND MATTERS SET FORTH HEREIN.

(2) \_\_\_\_\_ (NAME OF CHILD), WHOSE DATE OF BIRTH IS \_\_\_\_\_, IS LIVING WITH ME BECAUSE OF THE FOLLOWING SERIOUS FAMILY HARDSHIP (CHECK EACH THAT IS APPLICABLE):

\_\_\_ DEATH OF FATHER/MOTHER/LEGAL GUARDIAN

\_\_\_ SERIOUS ILLNESS OF FATHER/MOTHER/LEGAL GUARDIAN

\_\_\_ DRUG ADDICTION OF FATHER/MOTHER/LEGAL GUARDIAN

\_\_\_ INCARCERATION OF FATHER/MOTHER/LEGAL GUARDIAN

\_\_\_ ABANDONMENT BY FATHER/MOTHER/LEGAL GUARDIAN

\_\_\_ ASSIGNMENT OF FATHER/MOTHER/LEGAL GUARDIAN TO ACTIVE MILITARY DUTY