

(3) THE NAME AND LAST KNOWN ADDRESS OF THE CHILD'S PARENT(S) OR LEGAL GUARDIAN IS:

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

(4) MY KINSHIP RELATION TO THE CHILD IS \_\_\_\_\_

(5) MY ADDRESS IS:

\_\_\_\_\_  
STREET APT. NO.

\_\_\_\_\_  
CITY STATE ZIP CODE

(6) I ASSUMED INFORMAL KINSHIP CARE OF THIS CHILD FOR 24 HOURS A DAY AND 7 DAYS A WEEK ON \_\_\_\_\_ (DAY/MONTH/YEAR).

(7) THE NAME AND ADDRESS OF THE SCHOOL THAT THE CHILD ATTENDS IS:

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

(8) I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
(DAY/MONTH/YEAR)

(E) AFFIDAVIT FORMS THAT COMPLY WITH SUBSECTION (D) OF THIS SECTION SHALL BE MADE AVAILABLE FREE OF CHARGE AT THE OFFICES OF EACH COUNTY BOARD OF EDUCATION AND EACH LOCAL HEALTH DEPARTMENT.

(F) IF A CHANGE OCCURS IN THE CARE OR IN THE SERIOUS FAMILY HARDSHIP OF THE CHILD, THE RELATIVE PROVIDING INFORMAL KINSHIP CARE SHALL NOTIFY THE LOCAL DEPARTMENT OF SOCIAL SERVICES DEPARTMENT OF HUMAN RESOURCES, SOCIAL SERVICES ADMINISTRATION IN WRITING WITHIN 30 DAYS AFTER THE CHANGE OCCURS.

(G) THE RELATIVE PROVIDING INFORMAL KINSHIP CARE SHALL FILE AN AFFIDAVIT ANNUALLY WITH THE LOCAL DEPARTMENT OF SOCIAL SERVICES