

State of Maryland – Department of Human Resources

CONSENT FOR HEALTH CARE – AFFIDAVIT

(instructions on reverse)

I, the undersigned, am over 18 years of age and competent to testify to the facts and matters set forth herein. _____(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

_____ Incarceration of Father/Mother/ Legal Guardian

_____ Serious Illness of Father/Mother/ Legal Guardian

_____ Abandonment by Father/Mother/ Legal Guardian

_____ Drug Addiction of Father/Mother

_____ Assignment of Father/Mother/Legal Guardian to Active Military Duty

The name and last known address of the child’s parent(s) or legal guardian is:

My kinship relation to the child is _____

My address is _____
City State Zip

I assumed informal kinship care of this child for 24 hours a day and 7 days a week on _____(day/month/year).

The name and address of the school that the child attends is:

I solemnly affirm under penalties of perjury that the contents of the foregoing are true to the best of my knowledge, information, and belief.

(Signature of Affiant)

(Date)

INSTRUCTIONS

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 to an individual other than the relative providing informal kinship care; and
2. The relative verifies the informal kinship care relationship through the sworn affidavit on the reverse side.

Informal kinship care is a living arrangement in which a relative of a child who is not in the care, custody, or guardianship of the local department of social services, provides for the care and custody of the child due to a serious family hardship.

A **Relative** is an adult related to the child by blood or marriage within the fifth degree of consanguinity.

A **Serious Family Hardship** means:

1. Death of a parent or legal guardian of the child;
2. Serious illness of a parent or legal guardian of the child;
3. Drug addiction of the parent or legal guardian of the child;
4. Incarceration of a parent or legal guardian of the child;
5. Abandonment by a parent or legal guardian of the child; or
6. assignment of a parent or legal guardian to active military duty.

The relative providing informal kinship care shall file an affidavit **annually** with the Department of Human Resources, Social Services Administration for each year the child continues to live with the relative because of a serious family hardship. The address is:

Maryland Department of Human Resources
Social Services Administration
311 W. Saratoga Street – Room 592
Baltimore, MD 21201

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 Department of Human Resources, Social Services Administration in writing within 30 days after the change occurs.

A copy of the affidavit shall be given to the health care provider that treats the child.

The relative providing informal kinship care may apply on behalf of the child for all medical and public assistance entitlements for which the child may be eligible.

Affidavit forms are available free of charge at the offices of each county Board of Education and at each local Health Department.

Remember to give a copy to child's health care provider.