

**CAREGIVER AUTHORIZATION FORM**

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvements Act requirement that a homeless student have access to education and other services for which they are eligible. McKinney-Vento Homeless Education Assistance Improvements Act states that barriers to enrollment must be removed. In some cases, a student who is homeless may not be able to reside with their parent or guardian. However, this fact does not nullify the student’s right to receive a free, appropriate education.

**Instructions:**

Complete this form for a student seeking 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 (first, middle, last): \_\_\_\_\_
2. Minor’s date of birth: \_\_\_\_\_
3. My name (adult giving authorization): \_\_\_\_\_
4. My home address: \_\_\_\_\_

**Check one:**

\_\_\_\_\_ I have advised the parents(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.

\_\_\_\_\_ I am unable to contact the parent(s) or legal guardians(s) at this time to notify them of my intended authorization.

5. My date of birth: \_\_\_\_\_
6. My state driver's license or identification card number: \_\_\_\_\_

**I declare under penalty of perjury under the laws of this state that the foregoing information is true and correct.**

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_\_  
Date