**CAREGIVER AUTHORIZATION FORM**

Subtitle VII-B of the McKinney-Vento Homeless Assistance Act, reauthorized in 2015 by Title IX, Part A of the Every Student Succeeds Act (hereafter *the McKinney-Vento Act*), guarantees educational rights and supports for students experiencing homelessness, including specific supports for unaccompanied youth. The McKinney-Vento Act defines enrollment as “attending classes and participating fully in school activities” [42 U.S.C. § 11434a(1)]. McKinney-Vento eligible students, including unaccompanied youth, are entitled to enroll in school immediately, even if lacking documents normally required for enrollment or having missed application or enrollment deadlines during any period of homelessness [42 U.S.C. § 11432(g)(3)(c)(i)].

While the McKinney-Vento Act does not specify a particular method that must be used to enroll unaccompanied youth, many school districts have developed self-enrollment forms, caregiver affidavits, or other forms to replace typical proof of guardianship. This form is intended to address when an adult caregiver is enrolling an Unaccompanied Youth.

Instructions:

To authorize enrollment of a minor in school, complete items 1-4 and sign the form.

To authorize enrollment and school-related medical care, complete all items and sign the form.

The minor listed below lives in my home, and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Minor’s birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. My name (adult giving authorization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. My home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Check one or both, as appropriate:

\_\_\_\_\_ 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.

1. My date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_