

CONSENT FOR HEALTH CARE-AFFIDAVIT

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
- ☐ Serious Illness of Father/Mother/Legal Guardian
- ☐ Drug Addiction of Father/Mother
- ☐ Incarceration of Father/Mother/Legal Guardian
- ☐ Abandonment by Father/Mother/Legal Guardian
- ☐ Assignment of Father/Mother/Legal Guardian to Active Military Duty
- ☐ Homelessness of Father/Mother/Legal Guardian

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

My kinship relation to the child is: _____

My name is: _____

My address is: _____
City State Zip

My telephone number is: _____
Home Work

I assumed informal kinship care of this child for 24 hours a day and 7 days a week on _____

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 for **CONSENT FOR HEALTH CARE-AFFIDAVIT**
DHS/SSA 554

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 form.

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 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;
6. Assignment of a parent or legal guardian to active military duty; or
7. Homelessness of parent or legal guardian.

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

Maryland Department of Human Services
Social Services Administration
25 South Charles Street
Baltimore, MD 21201-3330

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 Services, Social Service's 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 entitlement 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 the child's health care provider.