

GUARDIANSHIP/IN LOCO PARENTIS
VERIFICATION

NAME OF GUARDIAN: _____

ADDRESS: _____

PHONE: HOME _____ WORK _____

I am currently providing care for the child or children listed below who need child care subsidy. The child or children live with me, but the child(ren)'s parents do not. I am responsible for their care in all aspects of daily living.

NAME OF CHILD(REN):

_____	_____
_____	_____
_____	_____

Please give a brief explanation as to why you are responsible for the care of this child (including information about the parent's whereabouts) or you may attach a copy of any legal guardianship papers you have.

Do you receive other benefits for this child? (check all that apply)

SNAP	Medicaid	TANF	CHIPS Insurance
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Guardian

Date