



Guardianship/In Loco Parentis Verification

Name of Guardian: _____

Address: _____

Phone: _____ (Home) _____ (Work/Cell)

I am currently providing care for the child(ren) 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(ren) (including names of both biological parents and current information about the parent's whereabouts).

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

I certify that all material submitted to MDHS related to my case has been examined by me and that the information provided is true and correct to the best of my knowledge and belief.

Signature of Guardian_____
Date

**** The information provided will be verified by our office. ****