



Statement of Adult Acting in Loco Parentis (as a Parent)

Fill out this form if you are caring for a needy child you are not related to and you do not have court-ordered custody or guardianship of the child.

SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)		
1. COMMUNITY SERVICES OFFICE (CSO)	2. CASE MANAGER NAME	3. UNRELATED ADULT'S CLIENT ID NUMBER
SECTION 2. INFORMATION ON ADULT CARING FOR THE CHILD (PLEASE PRINT CLEARLY)		
4. LAST NAME	5. FIRST NAME	6. MIDDLE NAME
7. PHONE NUMBER (INCLUDE AREA CODE) ()		
8. CURRENT ADDRESS (STREET, CITY, AND ZIP CODE)		9. PREVIOUS ADDRESS (STREET, CITY, AND ZIP CODE)
SECTION 3. INFORMATION ON THE CHILD'S PARENTS (PLEASE PRINT CLEARLY)		
10. NAME OF CHILD'S MOTHER	11. MOTHER'S PHONE NUMBER ()	12. MOTHER'S CURRENT OR LAST KNOWN ADDRESS
13. NAME OF CHILD'S FATHER	14. FATHER'S PHONE NUMBER ()	15. FATHER'S CURRENT OR LAST KNOWN ADDRESS
SECTION 4. INFORMATION ABOUT YOUR RELATIONSHIP WITH THE CHILD (PLEASE PRINT CLEARLY)		
16. Do you have permission from the child's parents to care for the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. EXPLAIN HOW THE CHILD CAME TO LIVE WITH YOU		
18. How long do you expect the child to live with you? _____		
19. Are you planning to seek court-ordered custody or guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION 5. INFORMATION ABOUT THE CARE AND CONTROL OF A CHILD		
<p>"In loco parentis" means in the place of a parent or instead of a parent. In order for the department to decide that you are acting in loco parentis, you must have intentionally taken over the duties of a parent.</p>		<p>We consider you as acting in loco parentis when:</p> <ul style="list-style-type: none"> The child's parents are absent. You are not the child's legal guardian or custodian; and You have taken over the daily care and control of the child.
<p>Below are examples of duties an adult acting in loco parentis will do. By signing this form, you are stating that you carry out the daily care and control of the child and act in loco parentis.</p>		
<ul style="list-style-type: none"> Provide basic food, shelter, and clothing for the child. Get the child up and ready in the morning. Make sure the child gets to school or daycare. Help younger children bathe and dress. Prepare meals for the child. 	<ul style="list-style-type: none"> Attend parent/teacher conferences. Take the child to regular medical or dental appointments. Act as the emergency contact at school. Sign up and take the child to extracurricular activities. Provide guidance and discipline to the child. 	
<p>By signing this form, I state that I provide care and instructions with the child's best interest in mind. I know the department will conduct a background check to decide if there is a reason that the child may not continue to get benefits while living with me. I understand that the child cannot receive benefits while they live with me if I do not meet the requirements for an in-home/relative child care provider under WAC 110-15-4570. I also know that if the results of the background check raise concerns about the child's health, safety, or welfare, the department will make a referral to Child Protective Services (CPS) and release the results of this check. I know that if I give incorrect information on this form on purpose, the laws of the State of Washington consider it perjury.</p>		
SIGNATURE OF ADULT ACTING IN LOCO PARENTIS		DATE

