



Caregiver Authorization for Unaccompanied Homeless Youth

The information on this form is required to meet the McKinney-Vento Homeless Assistance Act requirement that homeless children and youth have access to education and other services for which they are eligible, and that barriers to enrollment must be removed. In some cases, a child or youth may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education. This form does not establish legal guardianship, nor require caregivers to seek legal guardianship of an unaccompanied minor.

Instructions: Complete this form for an unaccompanied homeless youth presenting themselves for enrollment and educational services while not in the physical custody of a parent or legal guardian. ***This form is optional and must not delay the student's immediate enrollment per 42 U.S.C. 11432(g)(3)(c)(i).***

By signing below, I acknowledge the following:

- I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor student named below, who is unaccompanied by a parent or legal guardian.
- I agree to make a good faith effort to encourage the minor student named below to attend school.
- I will attempt to contact the school office if I become aware that the minor student named below will not be attending school on that day(s).
- I have provided the school with proof of my residence and personal identification.
- I understand that signing this document does not make me the legal guardian of the minor student listed below or make me financially responsible for the minor student, even if I am providing some financial support to the student.

1. Name of the minor student:

**2. Student's date of birth
(MM/DD/YYYY):**

**3. My name
(the adult giving authorization):**

**4. My date of birth
(MM/DD/YYYY):**

5. My contact information:

My email address(es):

My telephone number(s):

My home address:

6. Please check one and provide additional information if it is available:

The student is staying at my home address, as listed above.

The student is staying at the following location:

**7. Check any that apply
(for example, if one parent was advised and the other could not be located):**

I am unable to contact the parent(s) or legal guardian(s).

While I am currently assisting with the care of the minor student, I do not wish to assist school officials with making education-related decisions.

I am able to make educational decisions on behalf of the minor student with respect to BIE educational policy, as applicable, which may include, but is not limited to representing the minor student in enrollment, disciplinary, curricular, and signing permission slips for school activities.

I declare that the foregoing information is true and correct.

Caregiver Signature: _____ Date: _____

PAPERWORK REDUCTION ACT STATEMENT: This information is being collected for children and youth experiencing homelessness. Response to this request is required to obtain a benefit in accordance with PUBLIC LAW 114-95—DEC. 10, 2015. You are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this form is estimated to average 2 minutes per response, including the time for reviewing instructions, gathering, and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to: comments@bia.gov or mail to: Information Collection Clearance Officer – Indian Affairs, Office of Regulatory Affairs and Collaborative Action, 1001 Indian School Road NW, Suite 229, Albuquerque, New Mexico 87104.