

DECLARATION OF EXEMPTION FROM TRUSTLINE REGISTRATION AND HEALTH AND SAFETY SELF-CERTIFICATION

COUNTY USE ONLY	
CASE NAME	_____
CLIENT CASE NUMBER	_____
WORKER NAME	_____
WORKER NUMBER	_____

INSTRUCTIONS:

If you are the aunt, uncle, grandmother/father, of a child(ren) for whom you are providing child care and you are exempt from licensure, please complete this form and indicate in the spaces below the name(s) of the child(ren) and your relationship to the child(ren).

1. Name of Provider _____ Provider's Date of Birth ____/____/____
 Address _____ City _____ State _____ Zip _____
 Phone () _____

The State of California requires providers to prove they are 18 years of age or older. A copy of the provider's drivers license or other proof of age must be attached.

2. LIST THE NAME AND ADDRESS OF THE FAMILY YOU ARE WORKING FOR.

Name of Parent/Guardian _____ Phone () _____
 Address _____ City _____ State _____ Zip _____

3. CHILD CARE WILL BE PROVIDED IN (CHECK ONE): Child's Home Provider's Home

I declare under penalty of perjury under the laws of the United States of America and the State of California that I am by blood, marriage or court decree the _____,
(AUNT, UNCLE, GRANDMOTHER/FATHER)

of _____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD
 _____, _____, _____,
NAME OF CHILD NAME OF CHILD NAME OF CHILD
 _____, _____ for whom I am providing child care.
NAME OF CHILD NAME OF CHILD

I understand that because I am an aunt, uncle, or grandmother/father, I am exempt from the requirement to apply for TrustLine registration and the requirement to complete the Health & Safety Self Certification.

I understand that giving wrong or incomplete information can result in legal prosecution with penalties of fine and imprisonment or both.

SIGNATURE OF PROVIDER _____	DATE _____
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I declare that I am the parent/guardian of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I agree with the declaration regarding the provider's relationship to my child(ren).

I understand that I must return this form promptly to the County Welfare Department, Alternative Payment Program or other Payment Agency

SIGNATURE OF PARENT/GUARDIAN _____	DATE _____
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COUNTY OR APP USE ONLY

Return this form by: _____ to: