

**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 \_\_\_\_\_, NAME OF CHILD \_\_\_\_\_  
 \_\_\_\_\_ for whom I am providing child care.

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: