

**San Luis Obispo County Behavioral Health Department  
CAREGIVER'S AUTHORIZATION AFFIDAVIT**

**Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code. It does not apply to Special Education services.**

Minor's Name:

Minor's DOB:

**The minor named above lives in my home and I am 18 years of age or older.**

Caregiver's Name:

Caregiver's Address:

City/State/Zip:

Caregiver's DOB:

Caregiver's CA Driver's License or other Identification Card #:

I am a grandparent, aunt, uncle, spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half- brother, half-sister, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great", or the spouse of any of the people listed above, even if the marriage was terminated by death or divorce.

Specify relationship

Check one or both (for example, if one parent was advised and the other cannot be located):

- I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
- I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of any intended authorization.

**Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.**

I declare under penalty of perjury under the laws of the State of California and the United States that the foregoing is true and correct.

### NOTICES

- 1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.**
- 2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.**

### ADDITIONAL INFORMATION

#### TO CAREGIVERS:

- 1) "Qualified relative" means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half- brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
- 2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
- 3) If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
- 4) If you do not have a California driver's license or I.D., provide another form of identification such as your social security number or Medi-Cal number.

#### TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS

- 1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
  - 2) This affidavit does not confer dependency for health care coverage purposes.
- 3. not valid for more than one year after the date on which it is executed.**

Name:   
Type: MH Caregiver Auth Affidavit

Case#:

Page: 3 of 4  
Date:

### Signatures

Signature	Signature Line Heading	Printed Name	Date
	Caregiver		
	Staff Witness		