

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

INSTRUCTIONS: This form is for an aunt, uncle, or grandparent who is providing child care. You do not need to be licensed or TrustLine-registered to get state child care reimbursements. But if you are not licensed or TrustLine-registered, you must fill out this form. This form must be completed and returned promptly to the County Welfare Department, Alternative Payment Program, or other payment agency.

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

1. Name of Provider _____ Provider's Date of Birth ____/____/____
(PERSON WHO WILL CARE FOR CHILDREN)
Address _____ City _____ State _____ Zip _____
Phone () _____

The State of California requires proof that you are 18 years of age or older. Please attach a copy of your drivers license or other proof of age.

2. List the name and address of the family for the children you are providing child care.

Name of Parent/Responsible Adult _____ 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 State of California that I am by blood, marriage or court decree the
 Aunt Uncle Grandparent

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 grandparent of the child(ren) listed on this form, I am not required to apply for TrustLine-registration and am not required to complete the Health and Safety Self-Certification.

I understand that I am not an employee of the County Welfare Department, Alternative Payment Program or other Payment agency.

I understand that giving false or incomplete information can result in being charged with a crime with penalties of fine, imprisonment, or both.

Signature of Provider _____ Date _____

I declare that I am the parent/responsible adult of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I attest that the declaration regarding the provider's relationship to my child(ren) is true.

I declare under penalty of perjury under the laws of the State of California that the information I provided on this page is true and correct to the best of my knowledge. I understand that giving false or incomplete information can result in being charged with a crime which can include penalties of a fine, imprisonment, or both.

Signature of Parent/Responsible Adult _____ Date _____

COUNTY OR APP USE ONLY

Return this form by: _____ to: