



Complete this form when a child who needs Child Care Assistance lives with a caretaker relative or legal guardian, rather than his or her parents.

How to use this form

1. Complete all fields
2. Attach verifications (if applicable)
3. Submit the form to the Department

Contact the Department

Phone: 1-877-456-1233
Fax: 1-866-434-8278
Mail: P.O. Box 83720, Boise, ID 83720-0026
Local office: healthandwelfare.idaho.gov

Tell us about the child(ren) applying for Child Care Assistance

Child First Name	Child Middle Name	Child Last Name	Child Date of Birth

Tell us about yourself and your relationship to the child(ren)

First Name _____ Middle Name _____ Last Name _____

Choose one:

- I am a caretaker relative (not a parent) of the child(ren) listed above. **How are you related the child(ren)?** _____
- I am the legal guardian of the child. ***You must supply legal documentation verifying guardianship.**

Tell us about the rest of your household

Please list the following people on the table below: your spouse, your children (under age 18), and any children (under age 18) related to the child(ren) listed above. Tell us each person's relationship to you and how they are related to the child(ren) applying for assistance.

First Name	Last Name	Relationship to you	Is this person related to the child(ren) above?
			<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes , how?
			<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes , how?
			<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes , how?
			<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes , how?

Signature (Must be completed)

Under penalty of perjury, I swear or affirm the information I have provided is true and complete.

Caretaker Relative/Legal Guardian Printed Name *Caretaker Relative/Legal Guardian Signature* *Date*