

# Caregiver's Affidavit

## Information

### NOTICE:

- ✓ This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody and control of the minor.
- ✓ This declaration does not mean that the caregiver has legal custody of the minor.
- ✓ A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- ✓ This affidavit is valid for one year from the date on which it is executed.

### CAREGIVERS:

*Caregiver* for purposes of this Act means, “an adult, who is not a parent of the child, with whom a child resides and who provides that child with the care, maintenance and supervision consistent with the duties and responsibilities of a parent of the child.”

**Qualified Relative** for purposes of Item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, godparent, member of the child's tribe or clan, an adult with whom the child has a significant bond or any person denoted by the prefix “grand” or “great”, or the spouse or former spouse of any of the persons specified in this definition.

*School-related medical care* for purposes of Items 1-4 , means medical care that is required by the state or a local government authority as a condition for school enrollment.

If the minor stops living with you, you are required to notify any school, health care provider, mental health care provider, health insurer or other person to whom you have given this affidavit.

If you do not have the information requested in Item 8, provide another form of identification such as your social security number or Medicaid number.

### HEALTH CARE PROVIDERS & HEALTH CARE SERVICE PLANS:

- ✓ No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical, dental or mental health care, without actual knowledge of facts contrary to those stated 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.
- ✓ This affidavit does not confer dependency for health care coverage purposes.

This Form is authorized by New Mexico Statute: 40-10B-15 NMSA 1978.

## CAREGIVER'S AUTHORIZATION AFFIDAVIT

- ✓ Completion of Items 1-4 and signing the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care.
- ✓ Completion of Items 5-8 is additionally required to authorize any other medical, dental or mental health care.

- 1 Name of Minor
- 2 Minor's birthdate
- 3 Caregiver's Name
- 4 Caregiver's Home Address
- 5  I am a grandparent, aunt, uncle or other qualified relative of the minor.  
(See back or following page for a definition of "qualified relative.")
- 6 Check one or both (for example, if one parent was advised and 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 my intended authorization.
- 7 Caregiver's Birthdate
- 8 Caregiver's Driver's License or other identification card & number

**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 last of the state of New Mexico that the foregoing is true and correct.

\_\_\_\_\_  
CAREGIVER'S SIGNATURE

### NOTARY PUBLIC ACKNOWLEDGMENT

*(Photo Identification, Signature Witnessing & Notary Seal Required)*

This affidavit was subscribed, sworn to and acknowledged before me this,  
the \_\_\_\_\_ day of the month of \_\_\_\_\_, 200 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

(Seal)

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