

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: 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.

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: