

**STATEMENT OF RELATIONSHIP OF PROVIDER AND CHILD**

**Case Name:** \_\_\_\_\_ **Case#:** \_\_\_\_\_

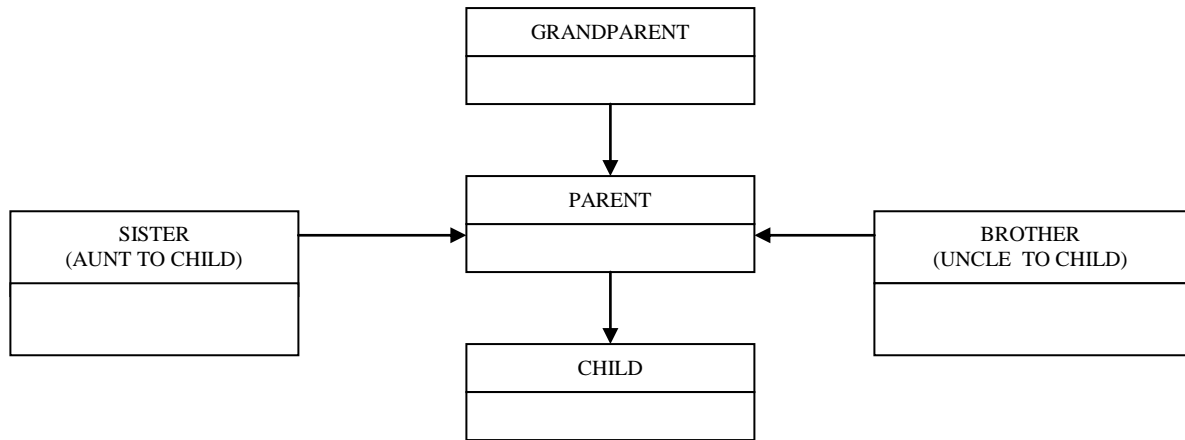
This form must be completed for a child(ren) being cared for by a license-exempt relative provider. Verification is required when enrolling two or more families with a license-exempt relative provider.

I, \_\_\_\_\_ will be providing care for:

CHILD'S NAME	FATHER'S NAME	MOTHER'S NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that I am the child(ren)'s \_\_\_\_\_  
(RELATIONSHIP TO THE CHILD)

List persons in relation to the child for whom care will/is being provided. Include yourself and the parent you are related to in the boxes. Fill in all the relatives that link you and the child (include maiden as well as married names.)



I declare under the penalty of forgery and perjury that the above information is correct.

\_\_\_\_\_  
(RELATIVE PROVIDER'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(DATE)

**YMCA ONLY**

Relationship Confirmed  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_