Kinship Care Form
2026-2027 School Year

Kinship Care Definition
The Code of Virginia § 63.2-100 defines Kinship Care as the full-time care, nurturing, and protection of children by relatives. Arlington Public Schools Policy J-5.3.30 Admissions defines relative as "a person connected with another by blood or affinity".

Purpose of this form
This form verifies that the student is in the care of a relative providing kinship care and not residing in Arlington for the purposes of enrolling or attending school. Arlington Public Schools (APS) officials should only collect this form if:

- The person providing full-time care for the student is **not** the parent, legal guardian, or court appointed custodian of the student, **and**
- The parent, custodian, or guardian is unable to supply full-time care, nurturing, and protection due to serious family hardship.

Determine if you are a relative providing Kinship Care
To **qualify** as a relative providing Kinship Care:

- The enrolling student must *reside* with the relative providing Kinship Care.
- The relative providing Kinship Care *must provide the student with full-time care, nurturing, and protection.*
- The student's parents, guardians, or custodians are unable to provide full-time care, nurturing, and support due to serious family hardship.

You **do not** qualify as a relative providing Kinship Care if any of the following apply:

- You are not related to the student by blood or affinity.
- You do not provide full-time care, nurturing, and protection.
- The student's parents or guardians do not suffer from serious family hardship.
- The student is living with you for educational purposes only.

The relative providing Kinship Care must:

- Provide proof of Arlington residence, as required on the APS Student Registration Form, **and**
- Establish their relationship to the student as a qualifying relative providing Kinship Care.

<u>Kinship Care Documentation Requirements</u>
A relative providing Kinship Care must submit documentation to support their application.
Acceptable supporting documents include:

- **Official government documentation (federal or Virginia state)** issued within the last 12 months, showing that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to:
  - *Supplemental Security Income (SSI) Annual Benefits Notification*
  - *Temporary Assistance for Needy Families (TANF) verification of income notice or recertification approval letter*
- **An attestation for a relative providing Kinship Care completed and signed by a legal, medical or social service professional** attesting to the relative's status relevant to the student and issued within the last 12 months immediately preceding the school's review of residency documentation.
- **Government-issued documentation** confirming the parent/legal guardian is incarcerated or deceased.
- **Military-issued documentation** showing the parent/legal guardian has been assigned to a location where their child cannot reside with them

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Checklist for Relatives Requesting Kinship Care

The following checklist can help determine whether you qualify as a relative providing Kinship Care. While not exhaustive, it is intended to serve as a general guide.

1. **Are you connected with the child by blood or affinity? You may be a relative providing Kinship Care if:**
   - □ You are a sibling, aunt, uncle, grandparent, cousin, etc. of the child.
   - □ You have a long-term, established relationship with the child (i.e., godparent or close family friend).
   - □ You are living with the parent/legal guardian.
2. **Full-time care: Do you provide the following daily care?**
   - □ You ensure the child is bathed, fed, and dressed.
   - □ You supervise the child's activities.
   - □ You assist with other physical care needs.
   - □ You provide a location for the child to sleep.
3. **Nurturing: Do you perform the following nurturing activities?**
   - □ You attend school conferences.
   - □ You are involved in the child's extracurricular activities.
   - □ You discipline the child by setting and enforcing rules or boundaries.
   - □ You ensure the child receives necessary medical attention.
4. **Protection: Do you perform the following protection activities?**
   - □ You provide clothing and shelter.
5. **Is the Child Living with you only for purposes of education?**

   If any of the following statements apply, you may not qualify as a relative providing Kinship Care:
   - □ The parents or legal guardians want the child to attend school in the United States.
   - □ The parents or legal guardians believe Arlington provides a better education than where they reside.

Steps for Potential Kinship Care Provider

1. **Gather Documentation-** Prepare kinship care documentation demonstrating that the parents or legal guardians are unable to provide full-time care, nurturing, and protection because of one or more of the following hardships:
   - □ They do not live with the child due to neglect and/or abuse
   - □ They have an active military assignment
   - □ They suffer from a serious illness
   - □ They have abandoned the child
   - □ They are incarcerated
   - □ They are deceased

   Refer to page 1 of the Kinship Care form for a list of acceptable supporting documents.
2. **Complete and Notarize the Kinship Care Form-** Ensure all required information is completed accurately, and that page 3 of the Kinship Care Form is properly notarized before submission.
3. **Submit Kinship Care Form and Documentation**

   Submit your completed and notarized Kinship Care form, along with all required documentation, in person to:
   APS Student Registration and Language Services Office, 2110 Washington Boulevard, 1st Floor, Arlington, VA 22204
   Office Hours: Monday-Friday 8:00 a.m. - 4:00 p.m. Phone: 703-228-8000 (Option 1)

Before You Complete the APS Kinship Care Form please review the following:

- **Eligibility & Documentation:** Make sure you meet the eligibility criteria.
- **Gather Required Documentation:** Have all necessary documentation ready before submitting the form.

Need Help or an Appointment? Call 703-228-8000 (Option 1) for assistance.

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This form must be notarized and submitted with supporting documentation. Licensed notaries are available at the APS Welcome Center or some school sites at no cost.

STUDENT INFORMATION

First Name:_____ Last Name_____ APS Student ID_____

KINSHIP CARE RELATIVE INFORMATION

First Name: _____ Last Name: _____
Address:_____ City: _____ State: _____ ZIP: _____
Relationship to Student:_____ Date student started residing with you:_____
Check all that apply:
□ I am a relative of the student connected by blood or affinity
□ Student resides with me
□ I provide nurturing and protection for the student
□ I provide full time care for the student

PARENTS/LEGAL GUARDIAN INFORMATION

Parent/Legal Guardian 1
First Name: _____ Last Name: _____
Address:_____ City: _____ State: _____ ZIP: _____
Is unable to provide full time care, nurturing and protection because of the following serious family hardship:
□ Does not live with the student due to neglect and/or abuse
□ Has abandoned the student
□ Has an active military assignment
□ Is incarcerated
□ Suffers from serious illness
□ Is deceased

Parent/Legal Guardian 2
First Name: _____ Last Name: _____
Address:_____ City: _____ State: _____ ZIP: _____
Is unable to provide full time care, nurturing and protection because of the following serious family hardship:
□ Does not live with the student due to neglect and/or abuse
□ Has abandoned the student
□ Has an active military assignment
□ Is incarcerated
□ Suffers from serious illness
□ Is deceased

CONFIRMATION OF RELATIVE PROVIDING KINSHIP CARE STATUS

By signing below, I swear and attest that I am the relative providing Kinship Care and the parent, custodian, or guardian is unable to supply such care, nurturing, and protection because of a serious family hardship and that the student is not residing with me for only purposes of education. I further accept that all provisions set forth on the APS Student Registration Form are incorporated and merged herein. I understand that this form expires on 6/30/2027. If the same Kinship Care conditions still apply for the next school year, I will need to complete the required steps again.
Relative providing Kinship Care Signature: _____ **Date:** _____

NOTARY PUBLIC

I hereby certify that on this _____ (day) of _____ (month) _____ (year),

the above subscribers personally appeared before me and made oath in due form of the law that the foregoing facts are true

to the best of their knowledge, information, belief, under penalty or perjury.

My Commission Expires_____/_____/_____ **Notary Public** _____

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I reviewed the relative providing Kinship Care status as specified above and the registering adult □ meets / □ does not meet all criteria as a relative providing Kinship Care and that the parent or legal guardian □ is able to provide full time care, nurturing and protection / □ is unable to provide full time care, nurturing and protection due to serious family hardship. The student □ is / □ is not residing in Arlington only for purposes of education. **Rationale for decision including presence or absence of documentation:** _____
I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to APS administration, external auditors, and other agencies as permitted under the Code of Virginia, upon request.
Name School Official:_____
Signature: _____ **Date:**_____