NEW MEXICO AGING SERVICES

Kinship Caregiver Program

School Verification Form

To the School Official:
The individual named below is applying to become a participant in the New Mexico Aging Services Kinship Caregiver Pilot Program. This program provides assistance to kinship caregivers for children. The information you provide will help us verify program eligibility and verification of the need indicated in the application.

Name of Relative Caregiver_____

School Name: _____

School Official Name and Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____)_____ Fax: (____)_____ Email: _____

Child(ren) Names currently in Caregiver's Care:

_____

_____

Please describe the caregiver's current situation and verify his/her need to the best of your knowledge.

_____

_____

_____

_____

_____

Please describe the services you provide for this caregiver.

_____

_____

_____

By signing below I indicate that all information provided is accurate to the best of my knowledge:

School Official Signature_____

Date_____

Please have a school official or home school representative complete this form

PLEASE PROVIDE THIS DOCUMENT TO THE KINSHIP NAVIGATOR