

MAP ID: _____

HOUSEHOLD ID: _____

Caregiver Responsibility

I, _____, do hereby attest
that I am responsible for the following minor children who live with me:

| Name | Date of birth |
|----------|---------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

I certify that the information provided on this form is true, accurate and complete.

Signature: _____ Date: _____



