

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: _____



