

**DECLARATION OF EXEMPTION FROM TRUSTLINE  
REGISTRATION AND HEALTH AND SAFETY  
SELF-CERTIFICATION**

COUNTY USE ONLY	
CASE NAME	_____
CLIENT CASE NUMBER	_____
WORKER NAME	_____
WORKER NUMBER	_____

**INSTRUCTIONS:** This form is for an aunt, uncle, or grandparent who is providing child care. You do not need to be licensed or TrustLine-registered to get state child care reimbursements. But if you are not licensed or TrustLine-registered, you must fill out this form. This form must be completed and returned promptly to the County Welfare Department, Alternative Payment Program, or other payment agency.

1. Name of Provider \_\_\_\_\_ Provider's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(PERSON WHO WILL CARE FOR CHILDREN)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_

The State of California requires proof that you are 18 years of age or older. Please attach a copy of your drivers license or other proof of age.

2. List the name and address of the family for the children you are providing child care.  
 Name of Parent/Responsible Adult \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Child care will be provided in (*Check one*):  Child's Home  Provider's Home

I declare under penalty of perjury under the laws of the State of California that I am by blood, marriage or court decree the  
 Aunt  Uncle  Grandparent

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
NAME OF CHILD NAME OF CHILD NAME OF CHILD  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
NAME OF CHILD NAME OF CHILD NAME OF CHILD  
 \_\_\_\_\_, \_\_\_\_\_ for whom I am providing child care.  
NAME OF CHILD NAME OF CHILD

I understand that because I am an aunt, uncle, or grandparent of the child(ren) listed on this form, I am not required to apply for TrustLine-registration and am not required to complete the Health and Safety Self-Certification.

I understand that giving false or incomplete information can result in being charged with a crime with penalties of fine, imprisonment, or both.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

I declare that I am the parent/responsible adult of the child(ren) listed on this form, that I have read the declaration of my child care provider and that I attest that the declaration regarding the provider's relationship to my child(ren) is true.

I declare under penalty of perjury under the laws of the State of California that the information I provided on this page is true and correct to the best of my knowledge. I understand that giving false or incomplete information can result in being charged with a crime which can include penalties of a fine, imprisonment, or both.

Signature of Parent/Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_

**COUNTY OR APP USE ONLY**

Return this form by: \_\_\_\_\_ to: