

**FORM 1.**

**PARENTAL APPOINTMENT OF  
YOUR CHILD'S CAREGIVER\*  
FOR 30 DAYS OR LESS**

**Filled Out by Parent**

I, *(your name)*

parent of *(your child's name)*

choose *(caregiver's name)*

who lives at *(caregiver's address)*

to be the caregiver and the person able to make education and healthcare decisions, including consent for routine and emergency medical treatment, for my child. This gives the caregiver full authority for *(number from 1 to 30)*

\_\_\_\_\_ days that starts on the date below and ends earlier if I say so.

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

\*Do a separate form for each child.  
The caregiver can show this form to education and healthcare providers. The education and healthcare providers can make copies of this form.

**BE SURE  
YOUR CHILD  
IS CARED FOR  
AND SAFE**

**IF YOU ARE  
ARRESTED,  
CALL SOMEONE  
IMMEDIATELY!**

**IF YOU ARE  
SENT TO JAIL  
OR PRISON,  
MAKE PLANS AND  
ARRANGEMENTS FOR  
YOUR CHILD!**

**APPOINT A CAREGIVER**

**TALK TO A LAWYER  
ABOUT YOUR PLANS  
FOR YOUR CHILD**

**BE SURE YOUR CHILD IS CARED FOR AND SAFE**

**TAKE IMMEDIATE STEPS — CALL SOMEONE!**

Make arrangements for today and for as long as you will be unable to care for your child. You may need to ask one person to care for your child immediately and another person to provide longer-term care.

**Appoint a Caregiver Immediately**

**If you are your child's only caregiver**, ask your child's other parent, a relative or friend to care for your child and put it in writing. This gives that person the legal ability to make education and medical decisions for your child. There are two forms included in this flyer that you can use to appoint a temporary caregiver. The two forms are for different time periods and have different requirements. Always do a separate form for each of your children. The caregiver can show the completed form to your child's education and healthcare providers and they can make copies of the form.

**Form 1. Parental Appointment of Your Child's Caregiver for 30 Days or Less**

- Complete this form immediately.
- It is easy for you to fill in and give to the caregiver.

**Form 2. Parental Appointment of Your Child's Caregiver for 6 Months or Less**

- Complete this form as soon as possible and before the 30 day arrangement ends.
- This form must be signed in front of a notary public by you and the caregiver. You can have it notarized together or separately. If done separately, you, the parent, must have it notarized first.
- You can renew this arrangement. Complete and notarize new forms for each of your children before the 6 month period is over.

**TALK TO A LAWYER ABOUT YOUR PLANS FOR YOUR CHILD.  
HERE ARE SOME OPTIONS**

**File a Custody or Guardianship Petition**

**If your child's other parent or another suitable person can care for your child**, he or she can file a petition in Family Court and you consent to a change in custody or to the appointment of the guardian at a hearing. This gives that person the responsibility for the care and decision-making for your child. You can ask for a visiting plan for you and your child.

**Modify a Custody and Visitation Order**

**If your child's other parent can care for your child and you have sole custody of your child**, your child's other parent can file a petition in Family Court to modify the order that gave you custody. You consent to a change in custody at a hearing that gives your child's other parent the responsibility for the care and decision-making for your child. You can ask for a visiting plan for you and your child.

**Voluntary Placement in Foster Care**

**If your child's other parent is not able to care for your child and you do not have another suitable person who can care for your child**, you can call 211 (available in most counties) or contact your local county department of social services (Administration for Children Services in New York City) preventive services department directly and ask to place your child in foster care. If the department agrees, you must sign a voluntary placement agreement that allows your child to be placed in temporary foster care. You can ask for a visiting plan for you and your child.

**FORM 2. PARENTAL APPOINTMENT OF YOUR CHILD'S CAREGIVER  
FOR 6 MONTHS OR LESS**

**Filled Out by Parent (Do a separate form for each child)**

I, (*your name*) \_\_\_\_\_, parent of (*your child's name*) \_\_\_\_\_,  
\_\_\_\_\_, date of birth (*your child's date of birth*) \_\_\_\_\_,  
choose (*caregiver's name*) \_\_\_\_\_ to be the caregiver and the person  
able to make education and healthcare decisions, including consent for routine and emergency medical  
treatment, for my child. This gives the caregiver full authority for my child's education and health decisions  
from (*start date*) \_\_\_\_\_ to (*end date*) \_\_\_\_\_ unless I say  
so otherwise. The caregiver's phone number is \_\_\_\_\_. The caregiver's address is \_\_\_\_\_.

When I was taken into custody, my home address was \_\_\_\_\_  
\_\_\_\_\_. I expect to be in the following location (*name of jail/prison*) \_\_\_\_\_  
\_\_\_\_\_ and cannot be contacted directly by phone. My department identification number or book  
and case number is (*your number or leave blank if unknown*) \_\_\_\_\_.

There is no court order in effect that stops me from making this appointment.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**Filled Out by Notary**

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_\_\_,  
known to me to be the person described in and who signed the within document, and to me such person duly acknowledged that  
he/she executed same.

\_\_\_\_\_  
Notary Public

**Filled Out by Caregiver**

I, (*your name*) \_\_\_\_\_, consent to assume the responsibilities and duties  
of an appointed caregiver (person in a parental relation) to this child.

Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**Filled Out by Notary**

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally came \_\_\_\_\_,  
known to me to be the person described in and who signed the within document, and to me such person duly acknowledged that  
he/she executed same.

\_\_\_\_\_  
Notary Public

**TELL YOUR CHILD'S CAREGIVER ABOUT THESE PLACES WHERE  
YOU, YOUR CHILDREN AND THEIR CAREGIVERS CAN GET HELP**

**LIFT**

**Website:** www.LIFTonline.org

**Statewide Hotline:** 212-343-1122 (accepts  
collect calls from parents in jail or prison)

**Email via web:** [www.LIFTHotline.org](http://www.LIFTHotline.org)

**Range of services include:**

- Legal information about Family Court and family law
- Referrals to social and legal services
- Receive intensive legal and social work services at the Family Legal Center
- Multilingual Legal Resource Guides

**NYS Kinship Navigator**

**Website:** www.nysnavigator.org

**Toll-free Phone:** 877-454-6463

**Email:** [navigator@nysnavigator.org](mailto:navigator@nysnavigator.org)

**Range of services include:**

- Learn about county-specific help
- Talk to a Kinship Specialist
- Access legal fact sheets
- Referrals to agencies and professionals

**The Osborne Association**

**Website:** www.osborneny.org

**Family Resource Center:** 800-344-3314

**Phone:** 718-637-6560

**Email:** [info@osborneny.org](mailto:info@osborneny.org)

**Range of services include:**

- Court advocacy, drug treatment, employment and family services
- Visiting assistance and counseling

**Prison Families of New York, Inc.**

**Website:** www.prisonfamiliesofnewyork.org

**Phone:** 518-453-6659

**Range of services include:**

- Provides support groups, visiting policy, help with prison problems

**Women's Prison Association**

**Website:** www.wpaonline.org

**Phone:** 646-336-6100

**Range of services include:**

- Get direct assistance for criminal justice involved women

**ALSO TELL YOUR CHILD'S CAREGIVER ABOUT THESE RESOURCES**

**Financial Help for Your Child**

Your child's caregiver may be able to apply for Temporary Assistance (often called child-only grants) that provides monthly cash assistance to be used for the care of your child. This assistance is based on the income and resources of your child, not the income of the non-parent caregivers. Caregivers may also be able to apply for Food Stamps, Medicaid, child care assistance or other services for your child. For more information and an application package, the caregiver can call 211 (available in most counties) or visit the local department of social services (HRA in New York City).

**Handbook for Caregivers**

The New York State Handbook for Relatives Raising Children, *Having a Voice and a Choice*, discusses the various options available to caregivers. Online at [www.ocfs.state.ny.us/main/publications/Pub5080.pdf](http://www.ocfs.state.ny.us/main/publications/Pub5080.pdf).

**This flyer should not take the place of speaking with a lawyer about any of these issues.  
All individuals involved with the Family Court or Criminal Court  
are encouraged to speak with a lawyer.**