

South Carolina Department of Social Services
SC Voucher Program
GUARDIANSHIP/IN LOCO PARENTIS VERIFICATION

Guardian's Name: _____

Address: _____

Home Telephone: _____ Work Telephone: _____

Date: _____

I am currently providing care for the child or children listed below. The child or children live with me, but the child's or children's parents do not. I am responsible for their care in all aspects of daily living.

Child(ren)'s Names:

Please give a brief explanation, including the parent's whereabouts, if known, as to why you are responsible for the care of this child or children. Or you may attach a copy of any legal guardianship papers you have.

Do you receive other benefits for this child? Check all that apply:

Food Stamps? Yes No

Medicaid? Yes No

TANF? Yes No

NOTE: This form must be notarized.

Signature of Guardian Date

State of South Carolina County of _____ .

Sworn to and subscribed before me, on this _____ , day of _____ , 20 _____ .

Signature of Notary Public

(Printed Name of Notary Public), Notary Public

My commission expires: _____