



## **Foster/Kinship Care Form**

This form can be used by guardian(s) to self-attest to an existing foster care or kinship care relationship with a child enrolling into the Seattle Preschool Program (SPP) or Child Care Assistance Program (CCAP).

Seattle is a Welcoming City because we believe in inclusion and equity. City employees do not ask about citizenship status and serve all residents regardless of immigration status. Immigrants and refugees are welcome here.

Does the child meet any one of the following situations?

- $\Box$  Child is in foster care.
- □ Child is in Kinship Care (full-time care of child by relatives or suitable others).
- □ I attest that at least one of the above applies to the child but would prefer not to specify.

## Parent/Guardian Signature

Parent/Guardian Name:	
Parent/Guardian Signature:	
Date of Signature:	