

COUNTY OF _____

CARETAKER RELATIVE AGREEMENT

The County will use this agreement to decide which adult can get cash aid with the children. This agreement is not meant to change any other custody agreement you have for the children.

We understand that only one Caretaker Relative can get cash aid along with the children.

We agree that _____ is the person who provides the care and control and is the Caretaker Relative for the following children:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
	/		/
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
	/		/
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
	/		/

SIGNATURE OR MARK OF APPLICANT	DATE	PRINT NAME IN FULL

SIGNATURE OR MARK OF APPLICANT	DATE	PRINT NAME IN FULL

SIGNATURE OF WITNESS TO MARK(S)

COUNTY USE ONLY

CASE NAME	CASE NUMBER

CASE NAME	CASE NUMBER

This agreement is to be used only when a caretaker relative is to be chosen under MPP 82-808.413(c).