



APPLICATION FOR ASSISTANCE TO DESTITUTE CHILDREN

State Form 45097 (R / 11-05) / CW 0319

Prescribed by the Indiana Department of Child Services (DCS)

DO NOT WRITE IN THIS SPACE		
Application number	Code	Serial
DC		
Date received (month, day, year)		
Received by:		
Date sent to DCS (month, day, year)		

INSTRUCTIONS: Applicant must prepare two (2) applications, each sworn to and identical, and file both copies with the local DCS office; each application must be completed either in ink or typewritten.

To the local DCS office of _____ County

1. I, _____ address,
Name of parent, guardian or other person standing in loco parentis
 _____, State of Indiana,
Street address or other designation City

herewith apply for assistance for the following child(ren):

NAME OF CHILD		DATE OF BIRTH	SEX	RACE	PRESENT RESIDENCE
Last name	First name				

2. The above named children:

- A. have resided in the State of Indiana for a period of at least one (1) year immediately preceding the date of this application; or
- B. were born within the State of Indiana within one (1) year immediately preceding the date of application, and the mother of the children has resided in the State for a period of at least one (1) year immediately preceding the birth of such children.

3. NAME OF PARENTS		DATE OF BIRTH	PRESENT RESIDENCE
Last name	First name		
Father			
Mother (maiden)			

4. The above-named children are under the age of eighteen (18) years.

5. The above-named children have been deprived of parental support or care by reason of the: (check one)

- death;
- continued absence from home; or
- physical or mental incapacity

of a parent, and relatives of the children liable under the law for the children's support are not able to provide adequate care or support for such children without public assistance, and such children are in need of foster care under circumstances which do not require that the children be made wards.

6. If any of the above-named children are wards, list their names and the names of the court or other public agency of which they are wards.

NAME OF CHILDREN	NAME OF COURT OR PUBLIC AGENCY

I am the _____ of the child(ren).
State relationship or connection with child

7. In support of my belief that the above-named children meet the requirements of the State Law on Assistance to Destitute Children, I will, when requested, supply such information as I can to persons authorized by law to request such information; and I request the relatives, physicians, and any other persons having information concerning the above-named children or myself, or concerning our circumstances, to furnish any and all such information to such officials. I agree that there shall be no liability to them for giving such information.

NOTARY CERTIFICATE

INSTRUCTIONS:

Applicant must sign in presence of officer or person administering oath. Your oath may be taken by a notary public or public official authorized to take oaths, or it may be taken by an employee of the State or local DCS office who has been authorized to take oaths without charge. No person can make any charge or collect a fee for making the application for you or for submitting it to the local DCS office, or otherwise representing you in submitting application or obtaining assistance. Application must be signed by person making application.

STATE OF _____ }
 COUNTY OF _____ } SS:

I do solemnly swear or affirm that all statements made in the foregoing application are true and correct to the best of my knowledge and belief.

Signature in full of applicant (<i>parent, guardian or other person standing in loco parentis</i>)	Date signed (<i>month, day, year</i>)
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Subscribed and sworn to or affirmed before me this _____ day of _____, 20 _____.

Signature of officer or person administering oath	Title of officer or person administering oath
Date commission expires (<i>month, day, year</i>)	Date authorization expires (<i>month, day, year</i>)