

Parents' Intention for Care of Minor Child

Use this form to say what you want to happen if you're not available to care for your child under age 18. You can give Durable Power of Attorney for Parental Powers to the person you name as caregiver in this form.

1. Parents and Child

Parent 1 (name) _____

Parent 2, if any (name) _____

I am / we are the parent/s of (child's name): _____

who was born on (child's birthdate): _____

☐ We intend that if one parent is not available to care for our child, the other will have custody of the child.

2. Caregiver

If no parent or legal guardian is available, I/we intend the child be placed in the residential care of this caregiver:

(Name/s): _____

Phone: _____ Email: _____

Address: _____

☐ **Alternate (optional).** Until the child can be placed with the caregiver named above, the child can be placed with this alternate:

(Alternate caregiver name/s): _____

Phone: _____ Email: _____

Address: _____

3. Reuniting

☐ I/we intend for the child to be reunited with me/us wherever I am/we are (even if not in the United States).

4. Contact Information

Here is contact information for me/us **or** someone that can contact me/us:

Contact name (if not me/us): _____

Preferred language: _____

WhatsApp: _____ (country)

Other messaging app: _____

Other phone (include country code): _____

Email: _____

Address: _____

5. Acknowledgement

I am / we are signing of my / our own free will for the purposes stated in this document.

► _____
Signature of Parent 1 Date
In front of a notary or witnesses

► _____
Signature of Parent 2 (if any) Date
In front of a notary or witnesses

Print name

Print name (if any)

Important! Parent/s must sign in front of a notary **or** two witnesses. Witnesses must:

- Not be the Caregiver or Alternate
- Not be related to the parent/s by blood, marriage, or state registered domestic partnership
- Not be a care provider for the parent/s (in-home or residential facility)

Notarization (preferred)

State of Washington

County of _____

This document was acknowledged before me on (date) _____

by (name/s) _____.

► _____
Signature of Notary
Notary Public for the State of Washington.
My commission expires _____.

Statement of Witnesses (only if you cannot find a notary)

On (date): _____, (name/s): _____
signed this document in my presence. I agreed to witness their signature at their request.

- I am not the Caregiver or Alternate.
- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

Witness 1

► _____
Signature
Print name: _____
Address: _____

Phone: _____

Witness 2

► _____
Signature
Print name: _____
Address: _____

Phone: _____

Caregiver's Acknowledgement (Optional)

I acknowledge receipt of the Parents' Intention for Care of Minor Child and consent to the terms and placement of the child in my care.

► _____
Signature of Caregiver *Date*

Print name

► _____
Signature of Alternate (if any) *Date*

Print name (if any)