

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: \_\_\_\_\_