

## **Other Primary Caregiver (OPC) Form**

**Use this form to** verify that the enrolling student is under the care of "other primary caregiver." School officials should only collect this form if the person enrolling the student is *NOT* the parent, legal guardian, or court appointed custodian of the student.

### Step One: Determine if you are an Other Primary Caregiver.

An "other primary caregiver" is a person other than a parent or court-appointed custodian or guardian who is the primary provider of care or control and support to a student who resides with him or her, and whose parent, custodian, or guardian is unable to supply such care and support. Other primary caregivers must establish DC residency as required on the DC Residency Verification Form, in addition to establishing his/her status as an "other primary caregiver." See reverse for definition of care or control and substantial support.

Step Two: Provide information about your Other Primary Caregiver status.					
Student First Name:	Student Last Nar	Student Last Name:			
OPC First Name:	OPC Last Name:	OPC Last Name:			
OPC Address		City:	State:	ZIP:	
Relationship to enrolling student:	Date student started residing with OPC:				
Verify Other Primary Caregiver status (check any that apply):					
☐ Enrolling student resides with me, the other primary caregiver ☐ I provide care or control for the enrolling student ☐ I provide substantial support for the enrolling student					
Full Name of Parent/Legal Guardian:					
Address of Parent/Legal Guardian:		City:	State:	ZIP:	
<ul> <li>□ he/she has an active military assignment</li> <li>□ he/she does not live with the child due to neglect and/or abuse</li> <li>□ he/she suffers from a serious illness</li> <li>□ he/she has abandoned the child</li> <li>□ Serious family hardship (verified by LEA staff and OSSE):</li> <li>□ Explain</li> </ul>			abuse		
Step Three: Confirmation of Other Primary Caregiver Status					
By signing below, I swear and attest that I am the Other Primary Caregiver. I further accept that all provisions set forth in "Step Three: Certification of Residency Requirements" on the DC Residency Verification Form are incorporated and merged herein.					
Signature of Other Primary Caregiver:		Dat	te:		
SCHOOL OFFICIAL USE ONLY Complete the area below to confirm school verification of other primary caregiver status.					
I reviewed the other primary caregiver status as specified above and the OPC meets all three (3) criteria.					
The above identified Other Primary Caregiver provided one of the following documents to verify OPC status:					
Records from the previous school year	☐ Sworn Stat	ement			
Immunization or medical records	Attestation	for Other Primary Car	egiver		
Unexpired official documentation from the federal government or the Government of the District of Columbia					
I certify, under the penalties of perjury, that I have personally reviewed all the documents presented and affirm that the information represented above is true to the best of my knowledge, information, and belief. I also affirm that all supporting documentation to this form will be retained by the school and made available to OSSE, external auditors, and other agencies, including but not limited, to the DC Office of the Inspector General and the DC Office of the Attorney General, upon request.					
School Official Name (print):	Signature:		Date:		

# Other primary caregiver must submit one of the documents identified below to verify the other primary caregiver status.

- Records from the previous school year indicating that the student is in the care of the caregiver, including, but not limited to, a signed report card
- Immunization or medical records issued within the last twelve (12) months immediately preceding the school's review of the residency documentation, indicating that the student is in the care of the caregiver.

#### Methods

- Unexpired official documentation from the federal government or the Government of the District of Columbia with an issue date within the last twelve (12) months immediately preceding the school's review of residency documentation, indicating that the caregiver receives public or medical benefits on behalf of the student, including, but not limited to, Supplemental Security Income annual benefits notification or TANF verification of income notice or recertification approval letter.
- An Attestation for Other Primary Caregiver completed and signed by a legal, medical or social service professional attesting to the caregiver's status relevant to the student and issued within the last twelve (12) months immediately preceding the school's review of residency documentation.
- A completed and signed Sworn Statement indicating that he/she is the primary caregiver for the student.

### **Am I an Other Primary Caregiver?**

5-A DCMR § 5099 states that an Other Primary Caregiver (OPC) is a person, other than the enrolling student's parent or court appointed custodian or guardian. The enrolling student must *reside* with the OPC and the OPC *must provide the child with guidance, maintenance, physical care and support.* If you do not provide guidance, maintenance, and physical care, you probably do not qualify as an Other Primary Caregiver. Do you provide the following items in the table below?

as an Other Prim	nary Caregiver. Do you provide the following items in the table below?
Support	When the OPC is exercising <i>primary</i> responsibility to provide the child with financial resources for the child's livelihood.
Guidance	When the OPC participates in the responsibility for the child's development on a daily basis  • Attending school conferences  • Disciplining the child  • Participating in decisions concerning the child's well-being  • Involvement in the child's extracurricular activities  When the OPC is providing necessities:
Maintenance	<ul> <li>Food</li> <li>Clothing</li> <li>Shelter</li> </ul>
Physical care	<ul> <li>When the OPC is providing continuous care for the child by performing tasks required in the child's daily life. Bathing</li> <li>Feeding</li> <li>Dressing</li> <li>Assuring medical attention will be received by the child</li> <li>Preparing meals</li> <li>Supervising the child's activities</li> <li>Assisting with other physical care needs</li> </ul>